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ABSTRACT

This publication provides a snapshot of school health education in Wisconsin. The data were collected with two questionnaires, one for school principals on health education from an administrative perspective, and one for lead health teachers on health education from an instructional perspective. These two questionnaires were mailed in the spring of 1994 to a stratified sample of 324 randomly selected public schools containing any of grades 6 through 12. Principals and lead health teachers from 280 schools responded to the questionnaires. For the most part, the results are combined for all grades. The findings set a baseline in Wisconsin to gauge trends in school health education over time. The survey results are summarized in six areas: (1) staff development and experience; (2) parent and community involvement and support; (3) course offerings; (4) classroom health instruction and related activities; (5) Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) education; and (6) equity issues in health education. Specific recommendations are given for each area. Survey data are presented in graphs and narrative summaries. Appendices include selected lists of public instruction consultants, cooperative educational service agency consultants, and print materials. (Contains 17 references.) (ND)

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Wisconsin School Health Education Profile

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Wisconsin School Health Education Profile

1994 Survey Report
Executive Summary

Lori A. Weiselberg, Consultant
Student Services, Prevention and Wellness Team

Julia Wickland, Contractor

Wisconsin Department of Public Instruction
John T, Benson, State Superintendent
Madison, Wisconsin

This publication is available from

Student Services, Prevention and Wellness Team
Wisconsin Department of Public Instruction
125 South Webster Street
P.O. Box 7841
Madison, WI 53707-7841
1 (800) 441-4563
(608) 267-9354

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Acknowledgments

We express sincere appreciation to the Division of Adolescent and School Health, U.S. Centers for Disease Control and Prevention (CDC), for making the development of this report possible through a cooperative agreement with the Wisconsin Department of Public Instruction (DPI) and the Wisconsin Department of Health and Social Services (DHSS). We acknowledge DHSS staff and community representatives for their contributions to this report, and in particular Richard Detert, Professor, Department of Health, Education and Health Promotion, University of Wisconsin-La Crosse, for his thoughtful review.

In addition, the CDC staff developed the survey in collaboration with representatives of 75 state, local, and territorial departments of education. The staff at WESTAT, Inc., drew the sample and tabulated the responses. Wisconsin secondary school principals and lead health education teachers took the time to respond to our questionnaires.

And, finally, DPI staff members Julie Allington, Barbara Bitters, Chet Bradley, Kim Dahlk, Cindy Ericksen, Melissa Keyes, Mike Thompson, Randy Thiel, Ken Wagner, and Doug White provided support throughout the process of designing and implementing the instrument, and in developing this report.

Executive Summary

> "The physical and emotional health of children is linked with their academic success. Children must be healthful to learn and they must be taught how to stay healthy."
>
> (McGinnis and DeGraw, 1991)

Families, community members, and school staff need to work together to create environments that nurture the physical, emotional, social, and mental well-being of youth and each other. Schools play a critical role in giving children and youth opportunities to learn about health issues in ways that are meaningful to them, to develop health-promoting attitudes and skills to be optimal learners, and to lead healthful, productive lives.

The *Wisconsin School Health Education Profile: 1994 Survey Report* provides a snapshot of school health education in Wisconsin. This data was collected with two questionnaires, one for school principals on health education from an administrative perspective, and one for lead health teachers on health education from an instructional perspective. These two questionnaires were mailed to a stratified sample of 324 randomly selected public schools containing any of grades 6 through 12 in the spring of 1994. Principals and teachers from 280 schools responded to the questionnaires.

Those who responded are representative of secondary school principals (grades 6-12) and lead health teachers in Wisconsin. For the most part, the results are combined for all grades. For more complete data, please contact Student Services, Prevention and Wellness Team at 608/267-9354. The findings set a baseline in Wisconsin to gauge trends in school health education over time. We encourage you to use the data to strengthen school health policies and programs at the state, regional, and local levels.

The survey data in this report are presented in six sections:

- Staff Development and Experience
- Parent and Community Involvement and Support
- Course Offerings
- Classroom Health Instruction and Related Activities
- HIV/AIDS Education
- Equity Issues in Health Education.

Highlights are summarized below.

Staff Development and Experience

A complex curricula is needed to increase knowledge and to develop positive attitudes and skills to enhance healthy behaviors. To develop and implement such a curricula requires teachers who have been trained in health education methods, theory, and practice (Allensworth, 1993).

Most health teachers in Wisconsin (more than 80 percent) do not have a major degree in health education. The most common major degrees for health teachers are physical education (about 55 percent), health education (about 20 percent), and family and consumer education (about 10 percent).

Ongoing staff development is needed for all teachers. It is a key element of quality school health education programs and has been shown to make teaching more effective (Connell, 1985).

Most lead health education teachers in Wisconsin participated in fewer than four hours of staff development on health topics in the last two years. About 15 percent did not participate in staff development. Ninety percent, however, want more staff development. Most schools offer some support for staff development, such as substitute teachers, in-service sessions, and payment for development costs.

Recommendation

Schools are encouraged to provide ongoing, systematic, high quality staff development that encourages reflective teaching and focuses on student-centered instruction and assessment as well as health and safety content.

Parent and Community Involvement and Support

Health education gets parents involved in education. About 90 percent of health teachers report that parents are in some way involved in health classes. Two-thirds involve parents in homework. Most parents receive health education materials or newsletters from their child's school.

Parents support health education. Two-thirds of schools received comments from parents about health education during the last school year. Of these, about 85 percent report that parent comments are mainly positive, and less than two percent say parent comments are mainly negative. This is consistent with national data (American Cancer Society/Gallup, 1994).

School health education is intended to enhace the efforts of parents. When parents are involved in their children's education their children tend to do better both academically and personally. In addition, schools that work well with families enjoy greater support from them.

Parent comments lead to expanding health education much more often than they lead to restricting it. In vital areas such as alcohol and other drug abuse, HIV/AIDS, and pregnancy prevention, parent comments have helped health education programs expand.

Community involvement in health education is important because, when teamed with what parents and schools are doing, such involvement provides support for promoting health in many different environments.

According to a Wisconsin Department of Health and Social Services survey report, *Wisconsin Local Health Department Utilization 1993,* local public health departments support school health education by providing classroom sessions and other community education programs on a variety of health topics.

Recommendations

Schools should set up community advisory councils to guide a broad range of programs, policies, and efforts related to student health and safety, including health education. These councils should reflect the diversity of the community and should include, but not be limited to, parents, students, clergy, teachers, pupil services staff, administrators, school board members, and community professionals from health, mental health, social services, and justice. These councils should use many ways to get community and parent ideas and to develop a mutual understanding about health education.

Teachers should involve parents in many ways in teaching about health such as involving parents in homework, inviting them to class, and providing health education materials for parents and families.

Schools should continue working with local public health agencies and other community groups to improve school health education programs.

Course Offerings

A key element of health education for students is a K-12 documented, planned, and developmentally-appropriate program (Allensworth and Kolbe, 1987; NASBE, 1989). Wisconsin Statutes require health education at the elementary and secondary levels including a .5 credit high school graduation requirement.

Wisconsin data show most secondary students receive their required health and HIV/AIDS education in grades 7, 8, and 9, and very little health education, either as required or elective courses, occurs after ninth grade.

The most common elective course related to health education is in the area of Family Life/Skills. However, 55 percent of schools have no electives in the health education area.

Recommendation

Health education should be an integral part of a student's learning experience at each grade level. Schools should explore integrating health topics into a variety of subject areas and offering a variety of health education electives for students in grades 10 through 12.

Classroom Health Instruction and Related Activities

Sixty-eight percent of Wisconsin health teachers report conducting joint health education projects with teachers and staff in their schools. In-class teaching is a key element in promoting student health, and is reinforced when combined with a healthful school environment, health-promoting student and adult programs, family and community connections, and pupil services. Learning outside of the classroom can reinforce health messages (Allensworth, 1993).

Wisconsin Statute 121.02 requires each school district to identify a health education coordinator to provide leadership in coordinating K-12 classroom instruction and planning connections with important health-promoting activities outside of the classroom.

Teaching about health helps students gain the knowledge, attitudes, and skills needed to promote safety and to develop healthy behaviors related to diet; exercise; sexuality; alcohol, tobacco, and other drugs; and other issues. Classroom teaching in Wisconsin addresses all of these. More than 75 percent of teachers report covering these topics in their classes.

As a part of health education, students can teach about attitudes and model behaviors in ways that mean a lot to other students. Sixteen percent of schools use peer educators in health classes, while nearly 50 percent of the schools use peers in non-class discussion group settings.

Making schools more personal is also important, because how a student feels about school influences academic achievement and health (*Code Blue,* 1989). A mentoring program is one way to make schools more personal. In Wisconsin, more than 60 percent of the school principals and lead health teachers with an adult mentoring program believe that their mentoring of students is valuable. In mentoring programs, school staff are provided time to check in with and talk one-on-one with students.

Most Wisconsin schools (86 percent) that have a school improvement plan include goals and objectives for health education.

Recommendations

Health education should be implemented in concert with other programs that foster the health and well-being of youth.

It is important for each health education coordinator to have a clearly defined role and function, and professional time during the school day to coordinate. Sample position descriptions are included in the appendix of *A Guide to Curriculum Planning in Health Education,* published by the Wisconsin Department of Public Instruction.

As district health education curricula are reviewed and revised, schools are strongly encouraged to use of the 1995 standards entitled *National Health Education Standards: Achieving Health Literacy.*

Peer education and adult mentoring programs should be strengthened and expanded.

Goals and objectives for health education should be included in the school improvement plan to help integrate it into the broader mission of the school.

HIV/AIDS Education

The *Wisconsin 1993 Youth Risk Behavior Survey* shows that many high school students are at risk for HIV/AIDS through their sexual behavior and drug use.

HIV/AIDS is being taught in the health curriculum. About 90 percent of teachers report teaching basic facts about HIV/AIDS, HIV risks, and abstinence. Many fewer teachers discuss other important issues such as feeling at risk for HIV/AIDS (66 percent), HIV antibody testing and counseling (54 percent), and correct use of condoms (49 percent).

HIV/AIDS and related issues are addressed, to some extent, in school policies and procedures. Less than half of schools, however, report that they included education requirements for students on HIV/AIDS (47 percent), plans to support HIV-infected students in school (43 percent), and professional development for teachers on HIV/AIDS (43 percent).

Recommendations

In addition to teaching basic facts about HIV/AIDS, school communities should consider teaching many ways to promote the healthy sexual development of youth and reduce risk for sexually transmitted diseases, including HIV/AIDS.

HIV and related issues such as education requirements for students, education for teachers and other staff, and plans to support HIV-infected students and staff need to be addressed in a variety of relevant school board policies and procedures.

Equity Issues in Health Education

Equity issues are very much related to the health and academic achievement of youth. To help address these issues, Wisconsin Statute 118.13 prohibits pupil discrimination in any curricular, extracurricular, pupil services, recreational, or other program or activity on the basis of sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability.

Sexual harassment is addressed in health education classes. Most health teachers (84 percent) teach about it. According to a recent national study, four out of five students experience unwelcome and unwanted sexual conduct in school (AAUW, 1993).

Sexual orientation is addressed in many health education classes. Most health teachers teach about it (70 percent). Gay and lesbian youth are two to three times more likely to attempt suicide than their heterosexual peers (Gibson, 1989) and also may be at increased risk for sexually transmitted diseases, including HIV/AIDS, and anti-gay physical and verbal assaults, among other things (Remafedi, 1987).

While the majority of schools with limited-English speaking students have arranged to provide health education to this population, 34 percent of schools make no such provision. Many limited-English speaking students and their families have decreased access to community health education and health care services (Thapaou, 1988; National Council of La Raza, 1992).

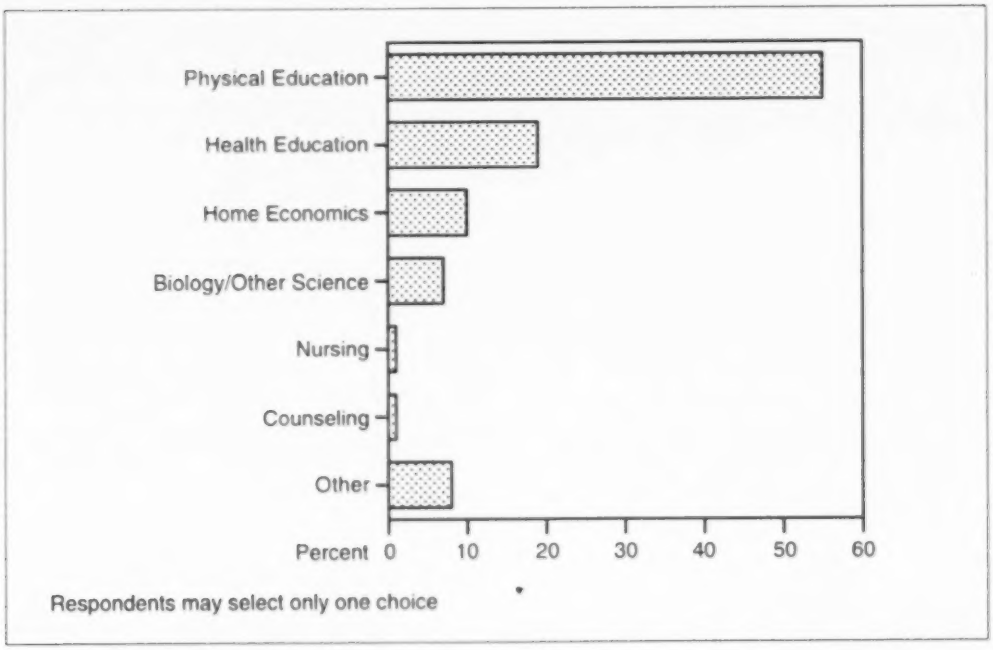
The vast majority (92 percent) of schools provide health education to students with exceptional education needs. Some students with exceptional education needs may be at increased risk for many health issues addressed in school health education. For example, youth with certain disabilities may be especially vulnerable to sexual abuse (Patterson, 1991).

Recommendation

Schools should continue to work to create safe, inclusive environments for *all* students and to achieve equity in the provision of health education for *all* students.

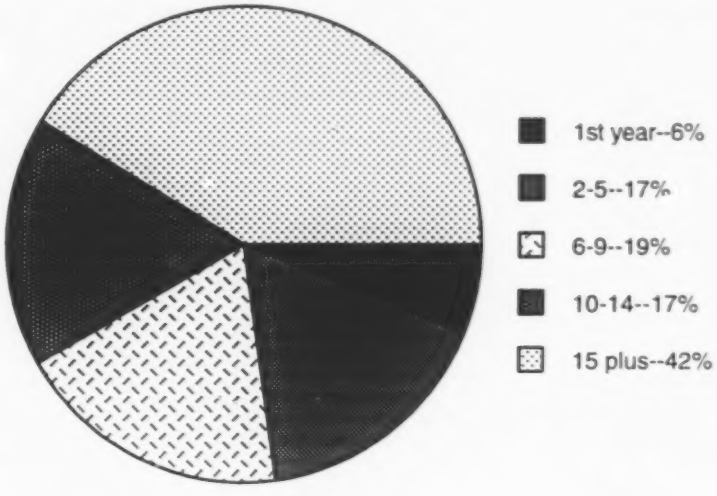
Staff Development and Experience

Teachers: **What was the major emphasis of your professional preparation?**



• Most health teachers do not have a major degree in health education (more than 80 percent). The most common major degrees for health teachers are physical education (about 55 percent), health education (about 20 percent), and family and consumer education (about 10 percent).

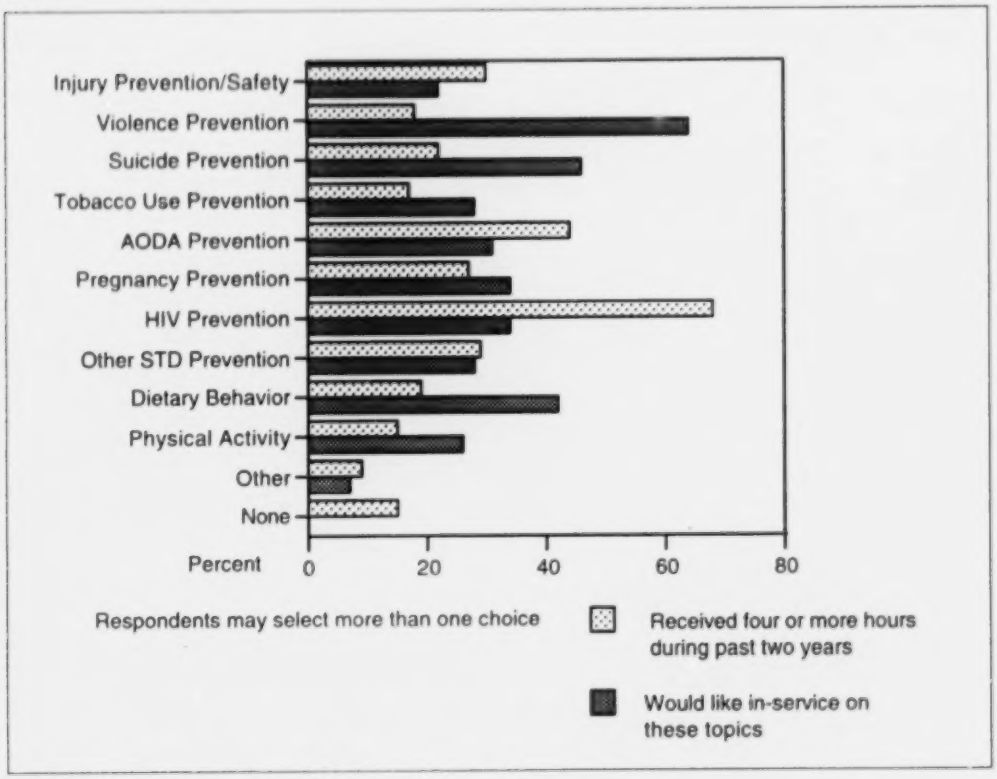
Teachers: **Including this school year, how many years have you been teaching health education?**



Respondents may select only one choice

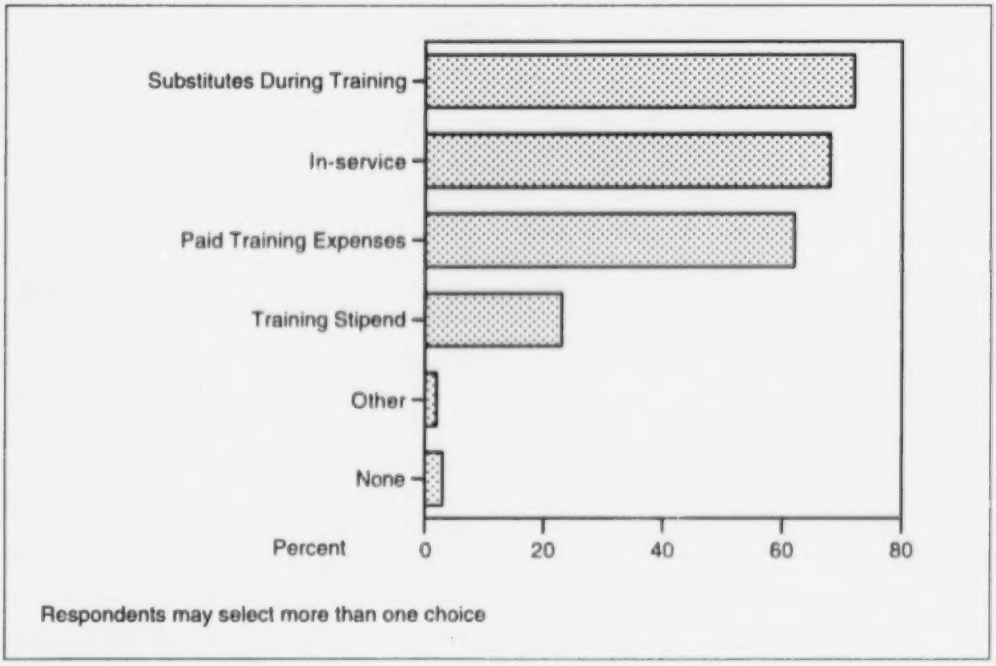
Teachers: During the past two years, on which topics have you received four or more hours (at least 1/2 day) of in-service training?

Teachers: On which topics would you like to attend in-service training?



- About 15 percent of lead health teachers have not participated in staff development in-service on health topics in the past two years.
- Most lead health teachers in Wisconsin participated in fewer than four hours of staff development on health topics in the last two years. The most common health topic for staff development was HIV/AIDS; two-thirds of teachers had received at least one-half day of staff development on this topic in the past two years.
- More than 90 percent of lead health teachers want more staff development on health topics. The topics requested most often include violence, suicide, and dietary behavior.

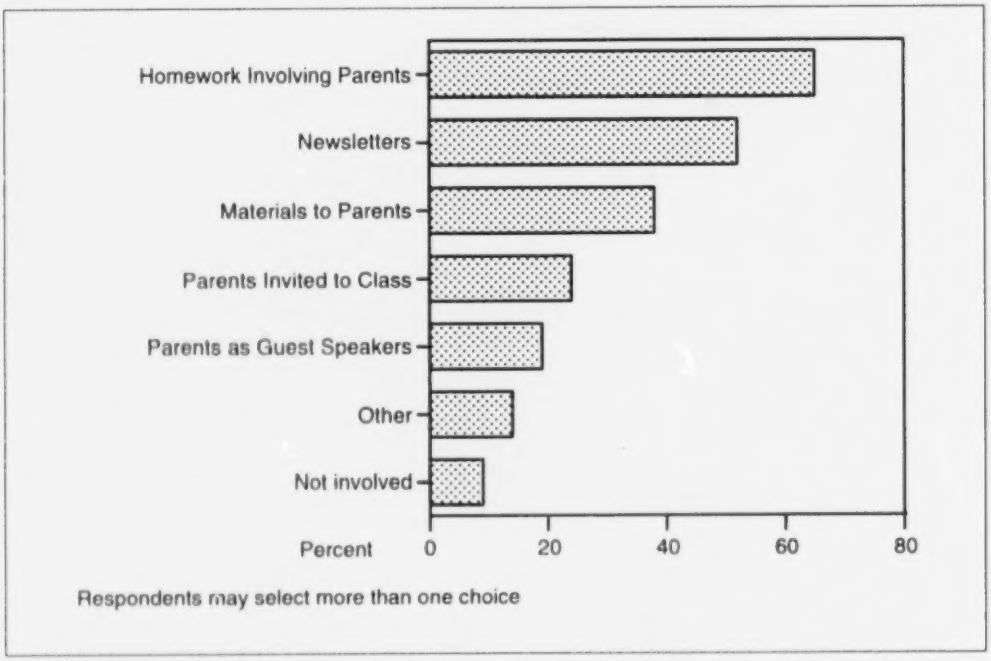
Principals: How does your school or district support in-service training or staff development in health education for teachers?



- **Support is available from most schools for staff development. This support includes substitute teachers, in-service sessions, and payment for staff development costs.**

Parent and Community Involvement and Support

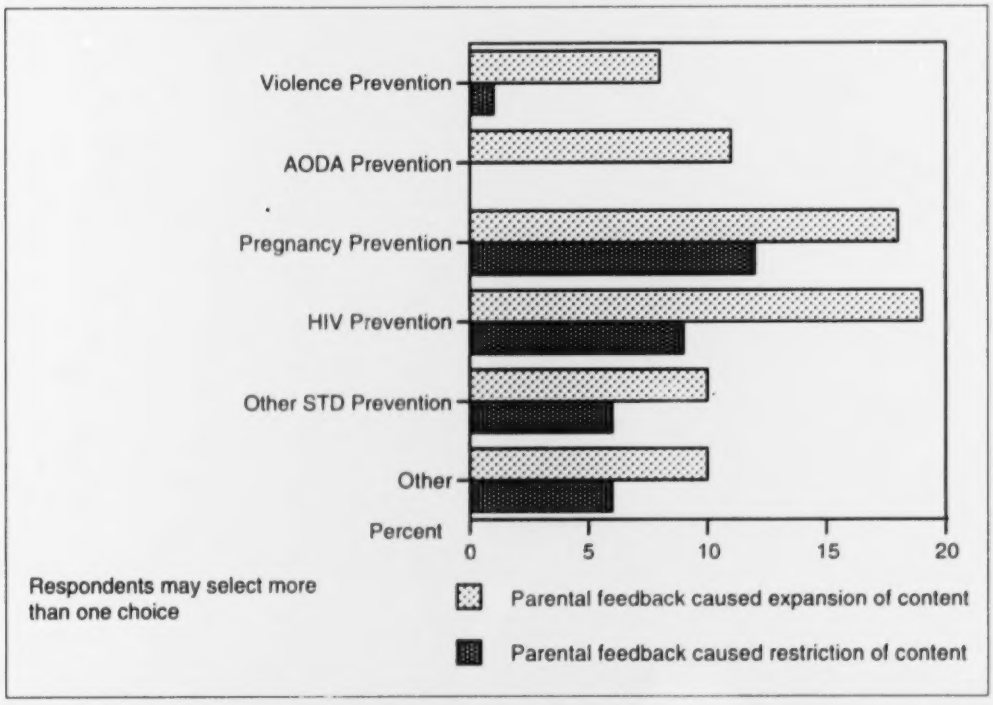
Teachers: How do you involve parents in your health education classes?



- About 90 percent of health teachers report that parents are involved in health classes.
- The teachers of two-thirds of health classes involved parents in homework. Most parents receive health education materials or newsletters.
- Of the 39 respondents indicating "other," 19 cited conferences or meetings with parents, four said parents are invited to preview materials.

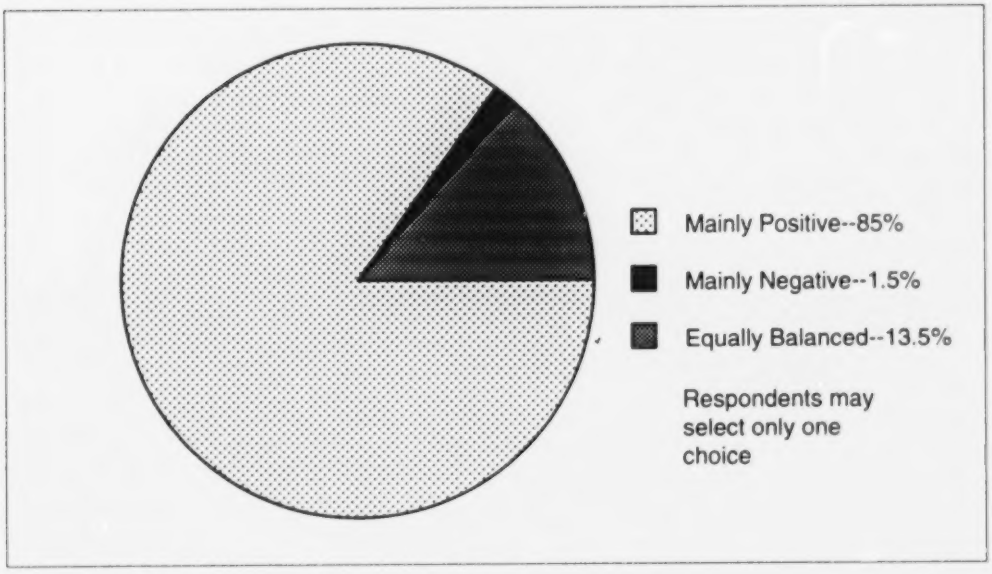
Teachers: During this school year, on which topics has parental feedback caused you to expand the content that you cover in health education?

Teachers: During this school year, on which topics has parental feedback caused you to restrict the content that you cover in health education?



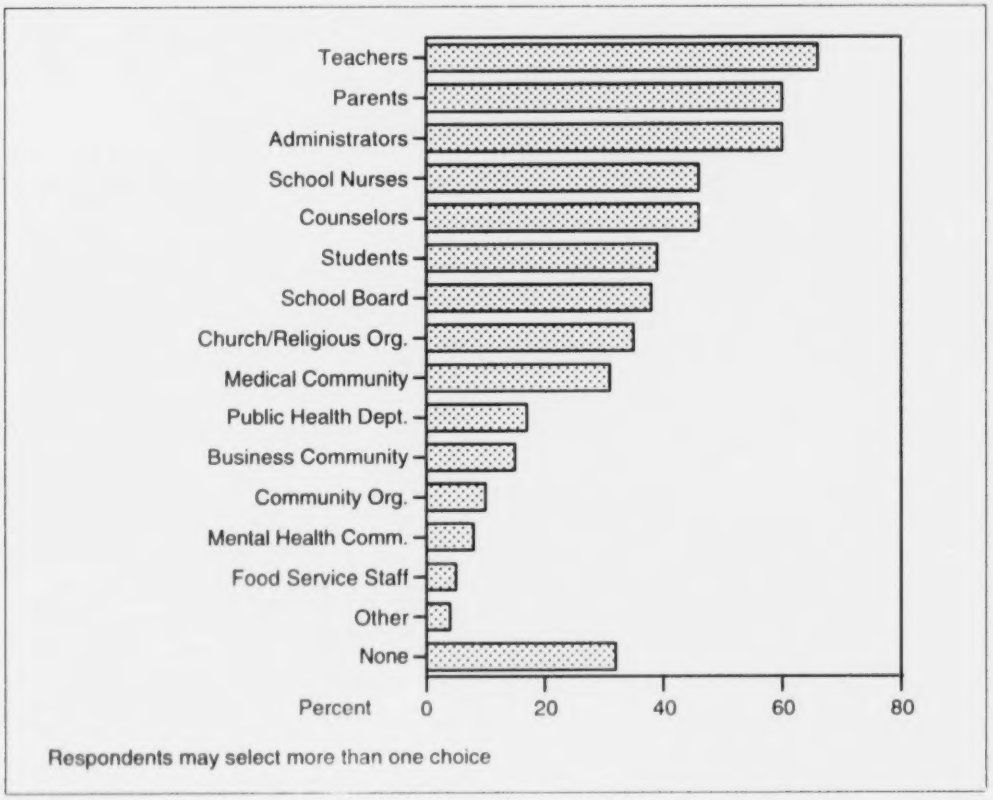
- Parent feedback leads to expanding health education much more often than it leads to restricting it.
- In vital areas such as alcohol and other drug abuse, HIV/AIDS, and pregnancy prevention, parent feedback has helped health education expand.
- Of the 29 respondents citing "other" on expanding content, seven indicated human growth and development/sex education, and four cited harassment.

Principals: Overall, how would you describe parental feedback about health education in your school during the past year?



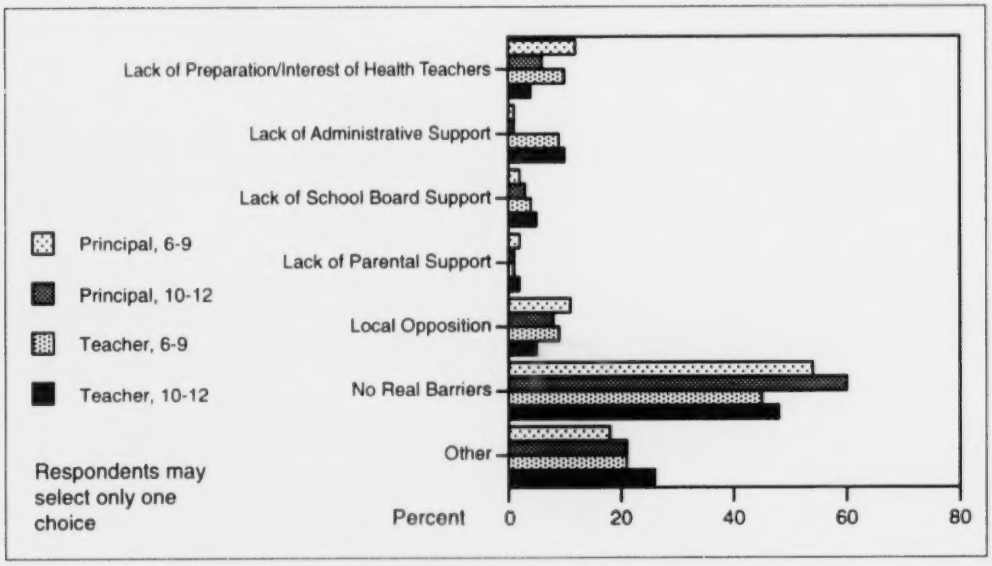
• Two-thirds of schools got parental feedback about health education. Of these, about 85 percent report that parent comments are mainly positive and less than 2 percent say parent comments are mainly negative.

Principals: Which groups are represented on an active school or district health education advisory council or similar committee that meets at least once a year to discuss health education and related issues?



- Two-thirds of schools have a council that advises about health education.
- About 60 percent of such councils include parents.
- About 40 percent include students.
- About 20 percent include members of the public health department.

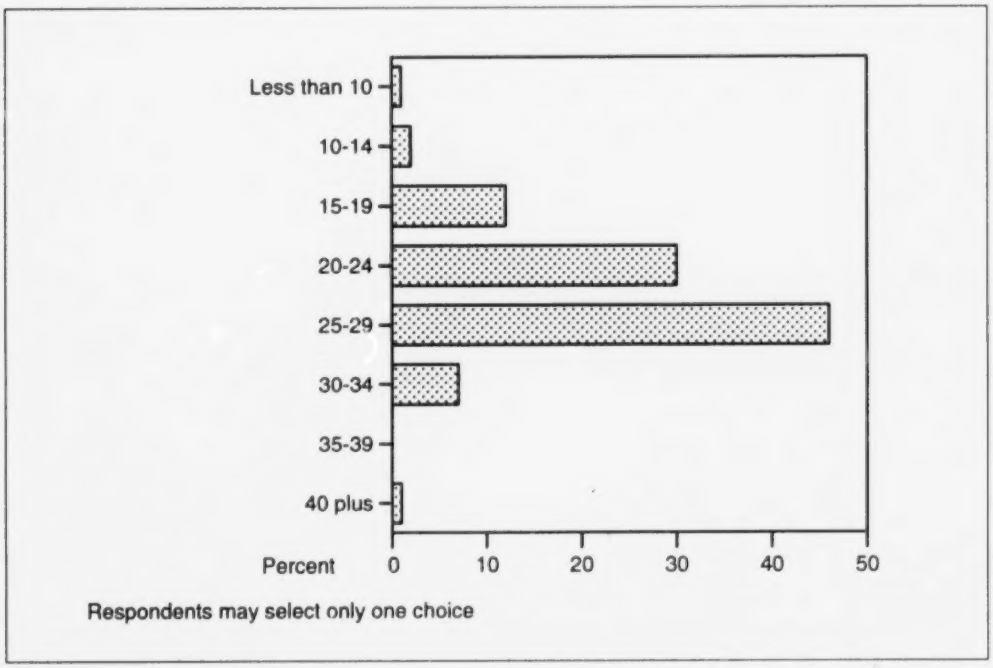
Principals and Teachers: What do you consider the biggest barrier to implementing comprehensive school health education at the 6-9 level in your district? At the 10-12 level in your district?



- While significant barriers to implementing school health education continue to exist for some schools, by far the most frequent response of both principals and lead health teachers is that there are no real barriers to implementing health education (principals: 54 percent grades 6-9, 60 percent grades 10-12; lead health teachers: 45 percent grades 6-9, 48 percent grades 10-12). A relatively small number of respondents did list barriers, including local opposition, a lack of preparation and interest of health teachers, and lack of administrative, school board, and parental support.
- Of 49 principals in grades 6-9 who cited "other," 21 listed lack of funding, 20 listed lack of time.
- Of 52 principals in grades 10-12 who cited "other," 18 listed lack of funding, 14 listed lack of time.
- Of 58 teachers in grades 6-9 who cited "other," 16 listed lack of funding, 19 listed lack of time.
- Of 67 teachers in grades 10-12 who cited "other," 12 listed lack of funding, 17 listed lack of time, and 19 listed not applicable or don't know. While several teachers said a lack of required courses was a barrier, several others said too many state requirements and mandates were a barrier.

Course Offerings

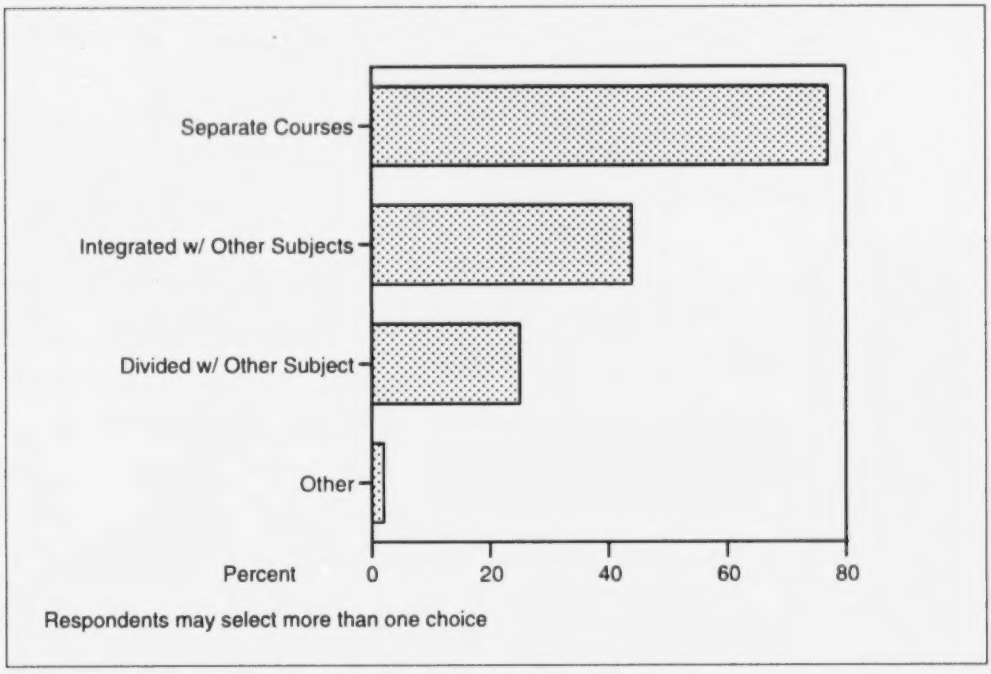
Teachers: **What is the average class size for your health education courses or units?**



- **Forty-six percent of health education classes have between 25-29 students and another 30 percent have between 20-24 students.**

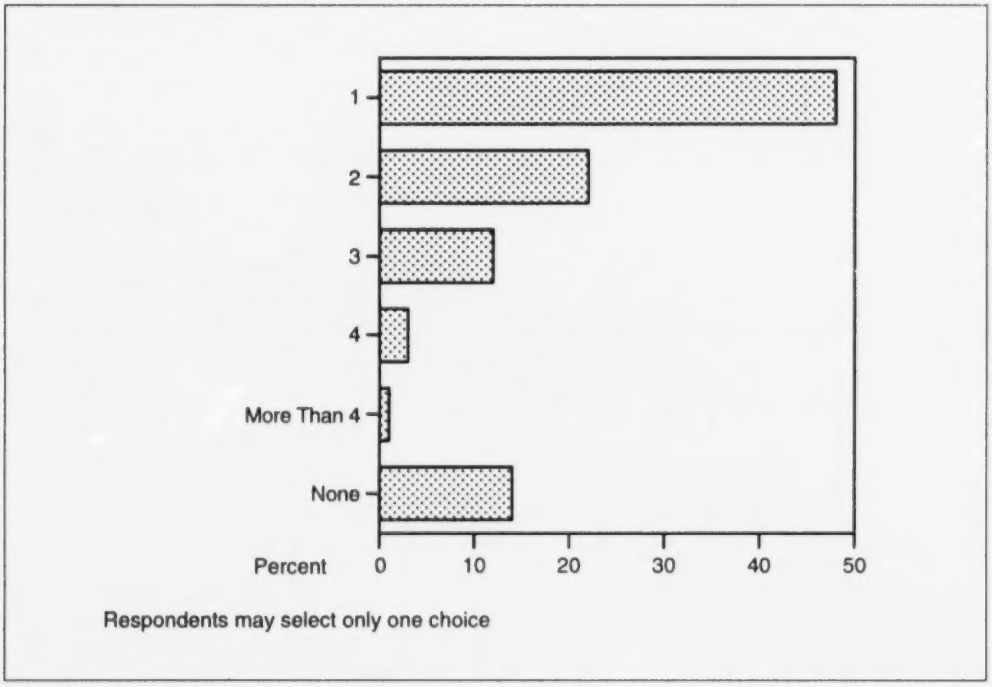
Course Offerings

Principals: Which of the following describes the placement of required health education in your school?



- Nearly 80 percent of the schools report that students take a separate course in health education.
- Forty-four percent of the schools have required health education units integrated within other subjects.

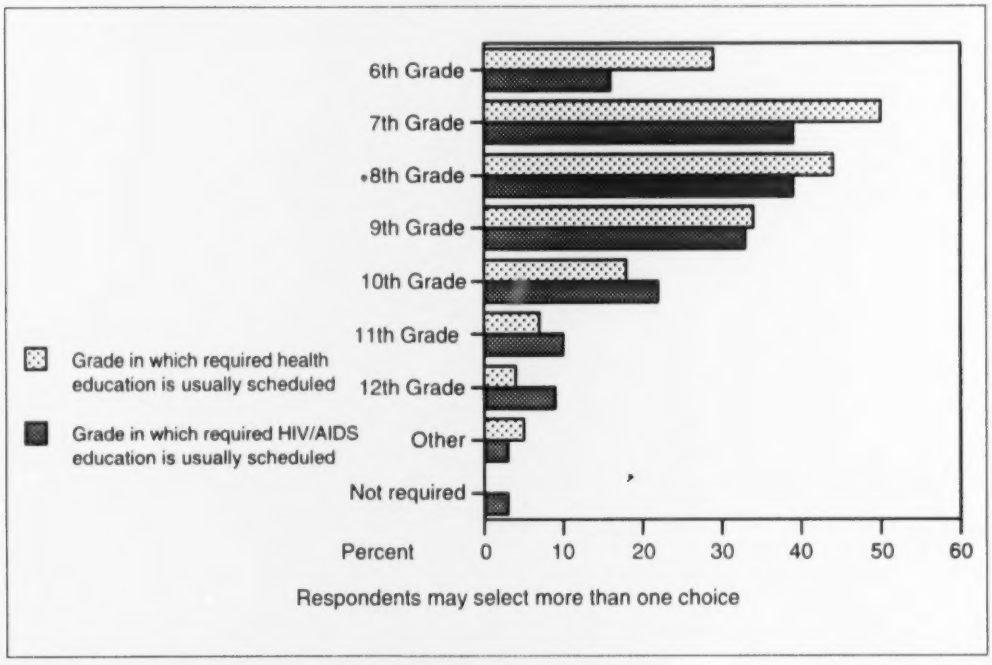
Principals: **How many separate health education courses (not health education units or lessons integrated in other subjects) are students usually required to take in your school?**



- **Forty-eight percent of schools require only one health education course, 22 percent require two courses, and 12 percent require three.**

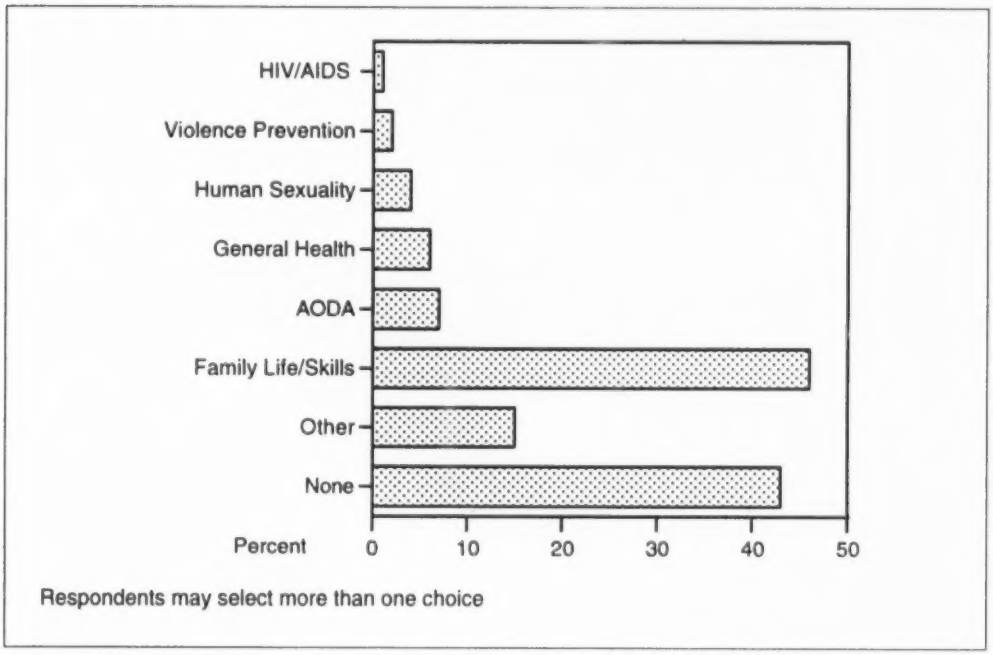
Principals: In which grade(s) is required health education usually scheduled in your school? Mark grades in which required health education usually is scheduled.

Principals: In what grade(s) do students usually take required HIV/AIDS education in your school? Mark grades in which required HIV/AIDS education usually is scheduled.



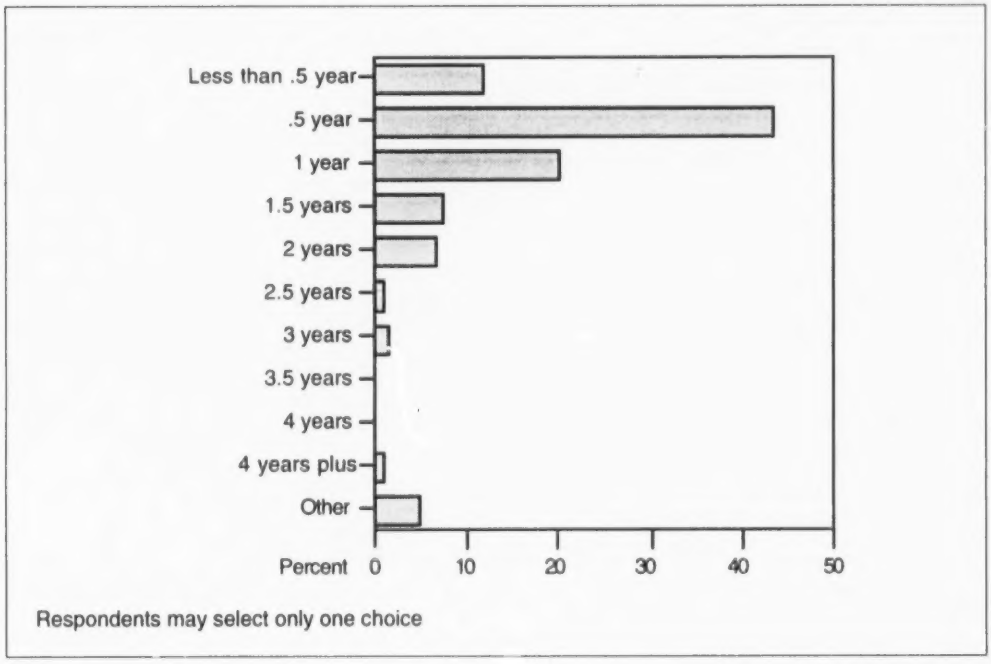
- Required health education and HIV/AIDS education is most frequently taught in grades 7, 8, and 9.
- Very little health education, either as required or elective courses, occurs after grade 9.

Principals: **Which of the following does your school offer as elective or additional courses in health education that are not required?**



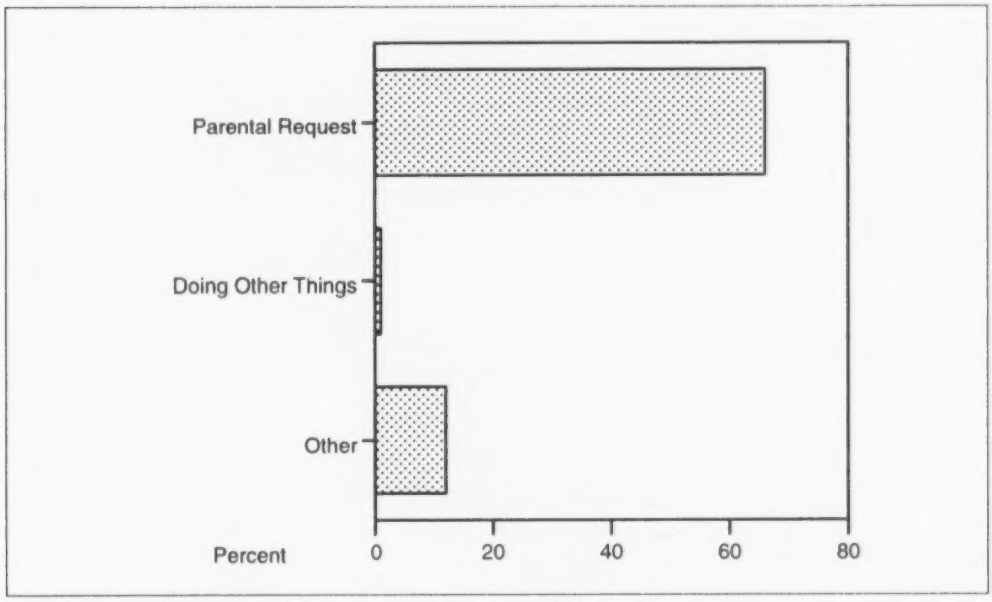
- **The most common elective course related to health education is in the area of family life/skills.**
- **Fifty-five percent of schools have no electives in health education or related areas.**
- **Twenty-eight respondents citing "other" referred to courses or units on teen and contemporary issues, wellness/fitness, teen parenting and pregnancy, values, first aid, and others, although no one course or unit predominates.**

Principals: **All together, approximately how much required classroom instruction in health education do students usually take in your school?**



- Forty-three percent of schools require one-half year of health education and 20 percent require a full year.

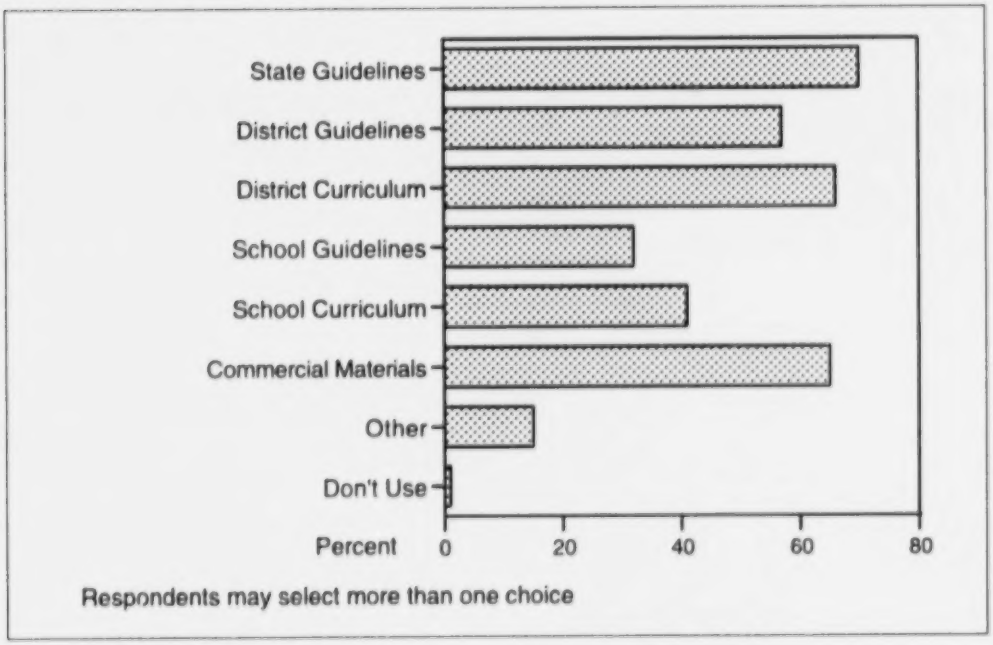
Principals: **For which of the following reasons are students in your school allowed to be exempted or excused from required health education or parts of required health education?**



- Sixty-three percent of respondents said less than 1 percent of students in their schools had been exempt due to parental request, while 9 percent said between one and 5 percent of students had been exempt. None reported more than 5 percent of students being exempted.
- Of the 31 citing "other," ten mentioned exemptions for religious reasons, five cited exemptions for human sexuality/human growth and development, and three others said parents requested exemptions for parts of courses but they did not specify which parts.

Classroom Health Instruction and Related Activities

Teachers: **Which of the following materials do you use to plan your health education lessons?**

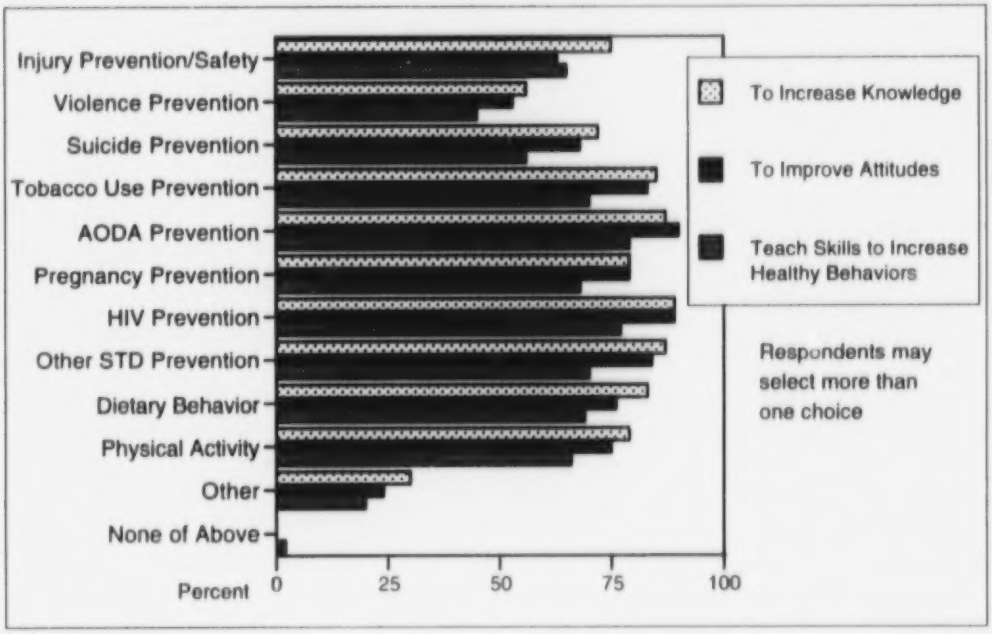


- **Of the 41 responding to "other," 12 said they use CESA materials, 11 said they use research and media (TV, videos, print), and three use materials from workshops and seminars.**

Teachers: On which topics do you teach to increase students' *knowledge* about healthy behaviors?

Teachers: On which topics do you teach to improve students' *attitudes* toward healthy behaviors?

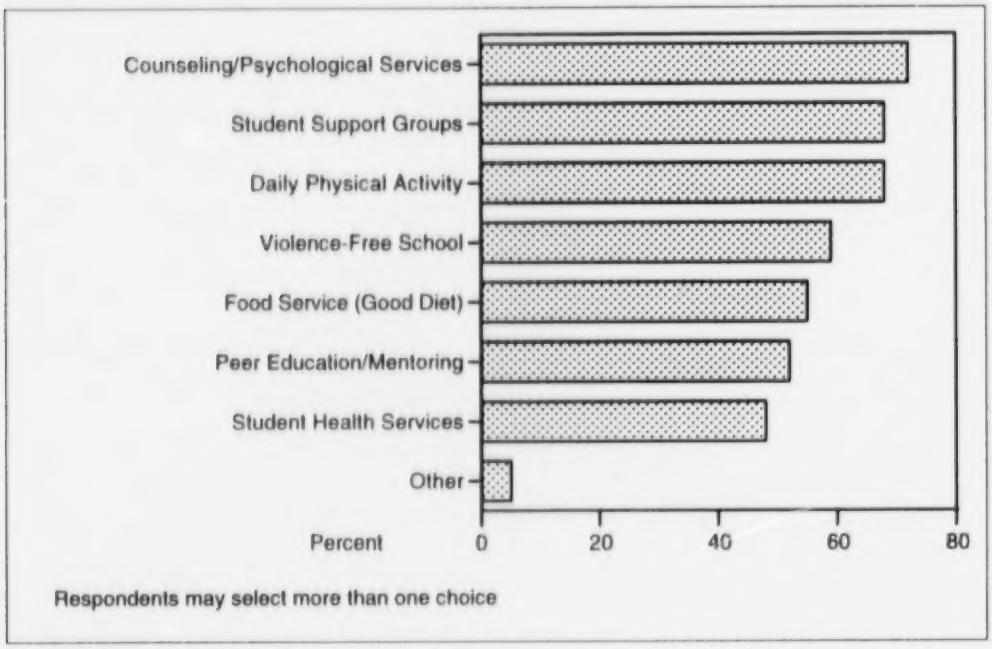
Teachers: On which topics do you teach *skills* to increase healthy behaviors?



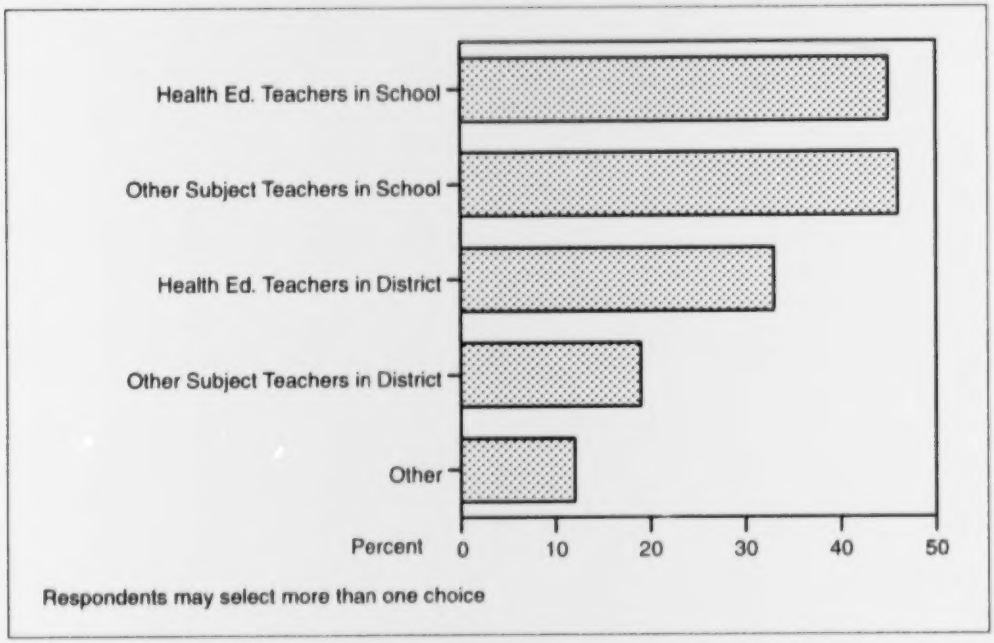
- When asked about which topics they teach to increase students' *knowledge* about health, 90 respondents cited "other" in addition to or instead of the topics listed. Of those, 16 listed mental health, 15 self-esteem, 15 stress management, ten wellness/fitness, ten death and dying.
- When asked about which topics they teach to improve students' *attitudes* toward health, 65 respondents cited "other" in addition to or instead of the topics listed. Of those, 13 listed mental health, nine self-esteem, nine stress management, eight wellness/fitness.
- When asked on which topics they teach *skills* to increase healthy behaviors, 45 respondents cited "other" in addition to or instead of the topics listed. Of those, eight listed mental health, five wellness/fitness, five first aid/CPR, four self-esteem.

Note: For each question, some respondents listed several topics under "other."

Principals: How does your school try to provide reinforcement for healthy behaviors among students?

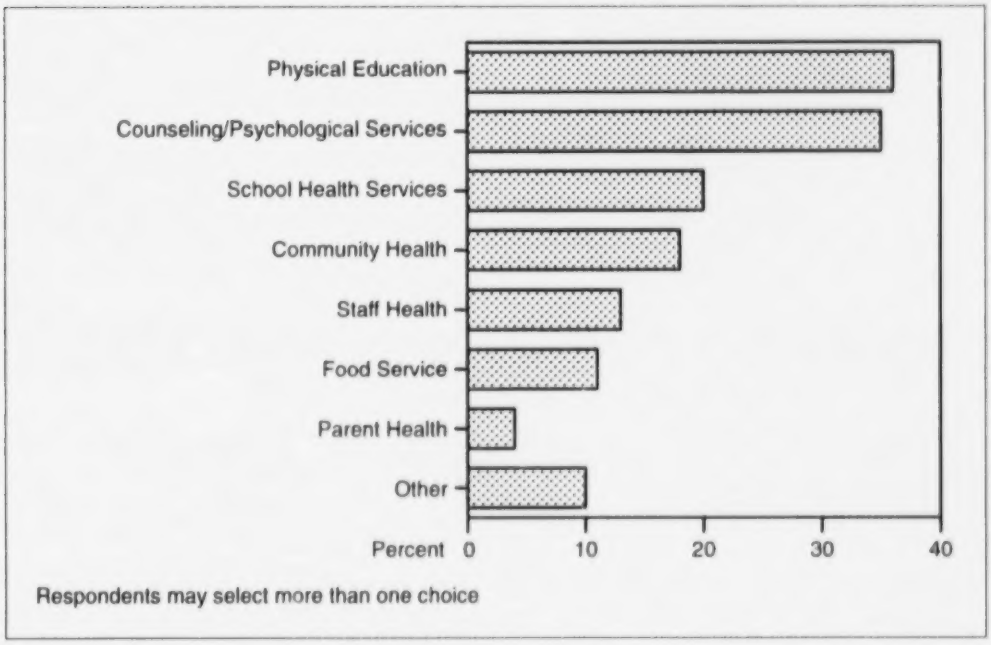


Teachers: **During this school year, with what teachers have you planned or coordinated health education in your school or district?**



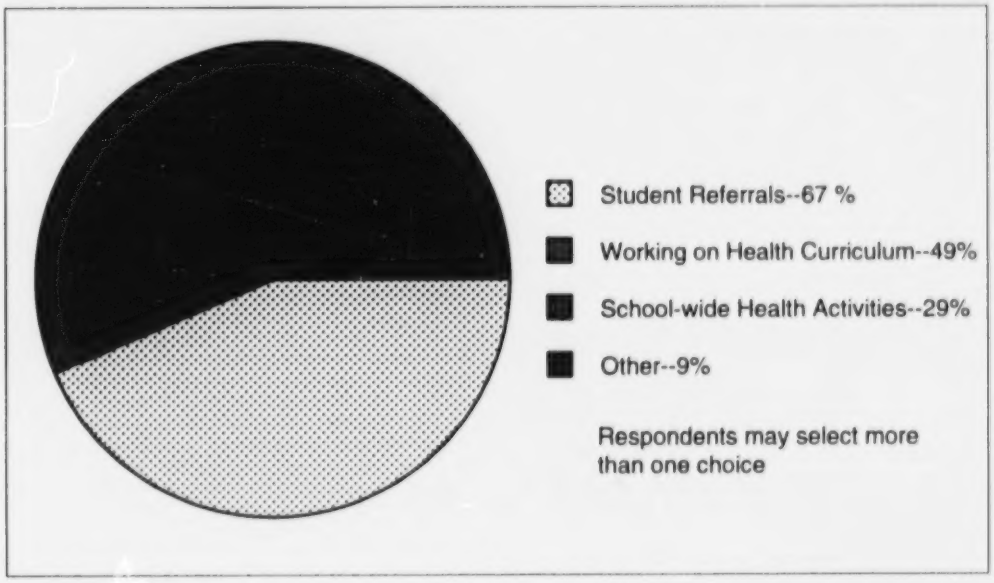
- Of 34 respondents indicating "other," eight cited the school psychologist or counselor and four cited the school nurse.

Teachers: During this school year, with which of the following have you conducted joint projects in health education?

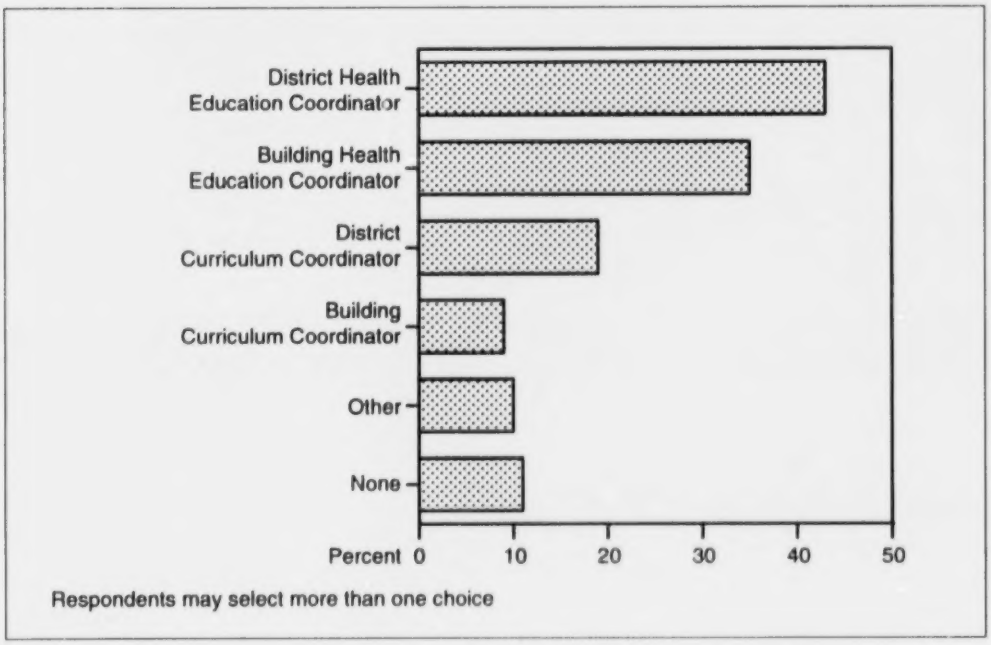


• **Sixty-eight percent of lead health teachers report having conducted joint projects in health education.**

Teachers: What types of connections have you made with pupil services personnel in your school?

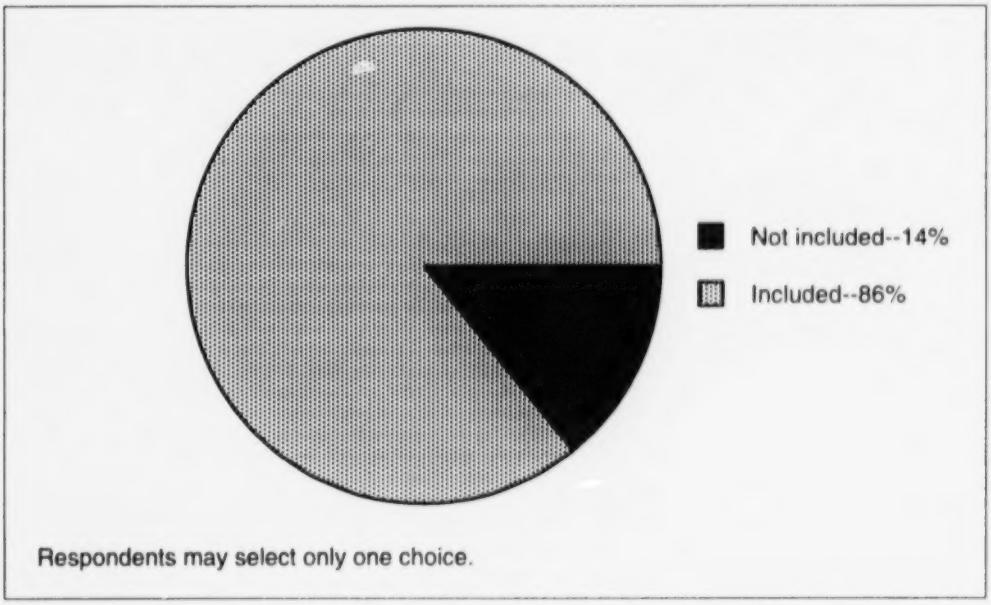


Principals: **Who coordinates health education among teachers with health education responsibilities in your school?**



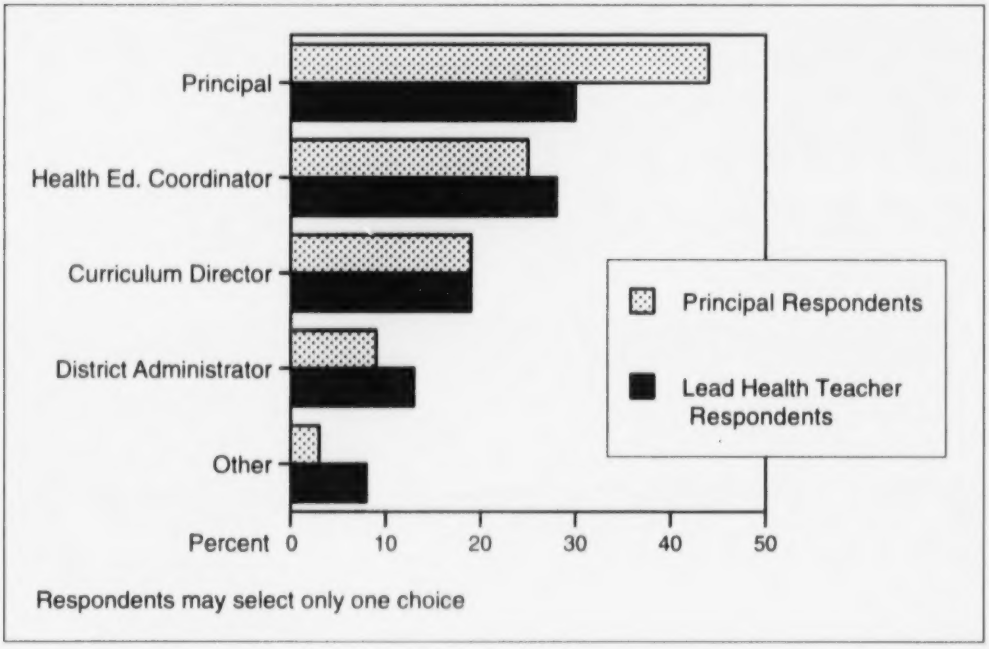
- Of 26 respondents to "other," seven cited the principal, five cited the school nurse, and three cited the physical education teacher.

Principals: Has your school developed a written school improvement plan that includes goals/objectives for health education?



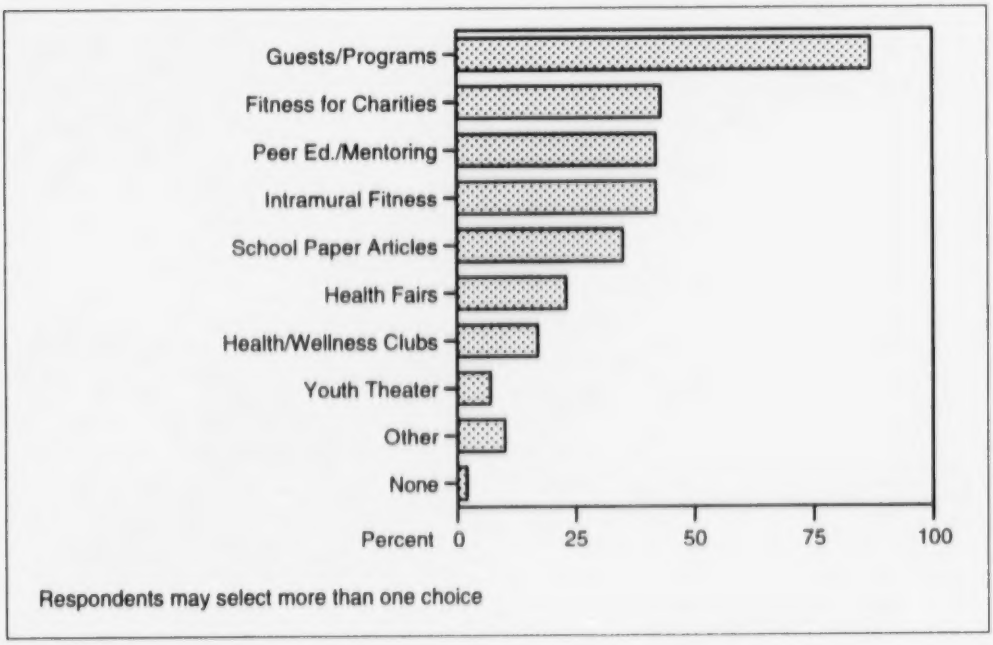
• The vast majority (86 percent) of schools that have a school improvement plan include goals and objectives for health education.

Principals and Teachers: Who do you consider the most influential administrator as it relates to ensuring health education is taught in your school?



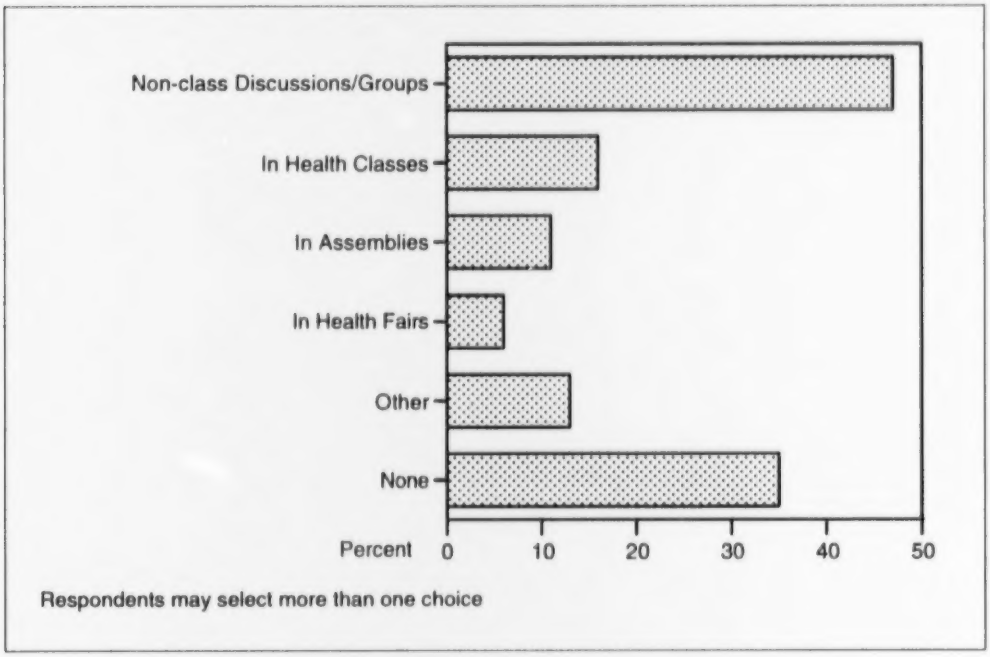
• From the perspective of both principals and lead health teachers, principals rank first as being the most influential administrators regarding the implementation of health education statewide (44 percent of principals, 30 percent of teachers). Principals are followed, with decreasing influence, by health education coordinators (25 percent and 28 percent), curriculum directors (19 percent for both), and district administrators (3 percent and 8 percent).

Principals: Which of the following health education activities does your school offer in addition to class instruction?



- **Eighty-seven percent of schools report using guests and assembly programs to support their classroom health instruction.**
- **Less than 20 percent report having a health or wellness club.**
- **Seven of 30 respondents to "other" cited alcohol/drug education activities and groups, while four cited student assistance/peer group activities.**

Principals: How does your school use trained peer educators to help teach about health?

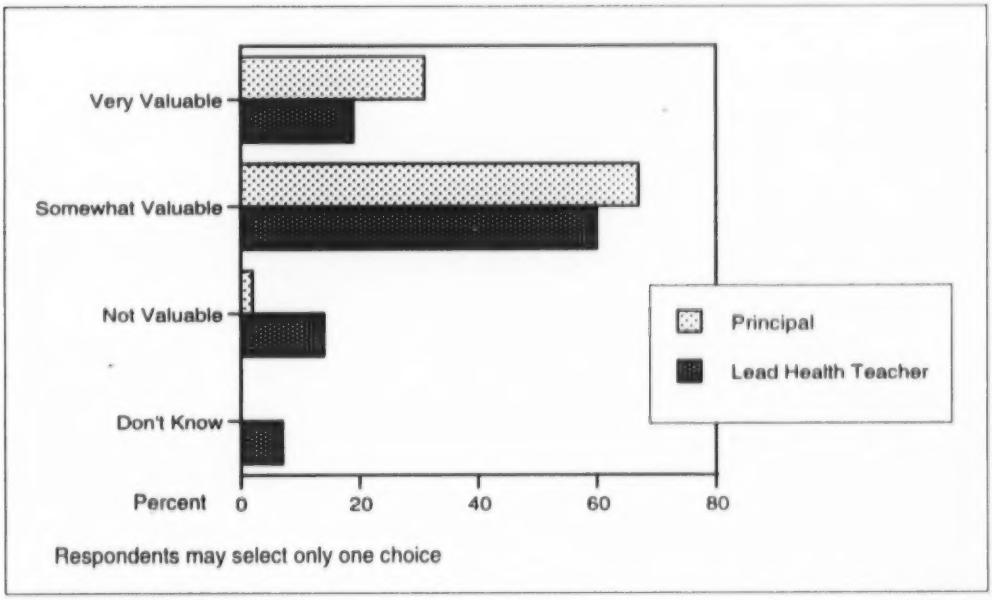


- Sixteen percent of schools report using peer educators in health classes.
- Nearly 50 percent of the schools report using peer education in a non-class discussion group setting.
- Seven of 31 respondents to "other" cited high school students talking with elementary students.

Principals and Teachers: Does your school have a program whereby all students are paired with a professional staff person who serves as an adult advisor/mentor during the school year?

- Thirty-three percent responded "yes."

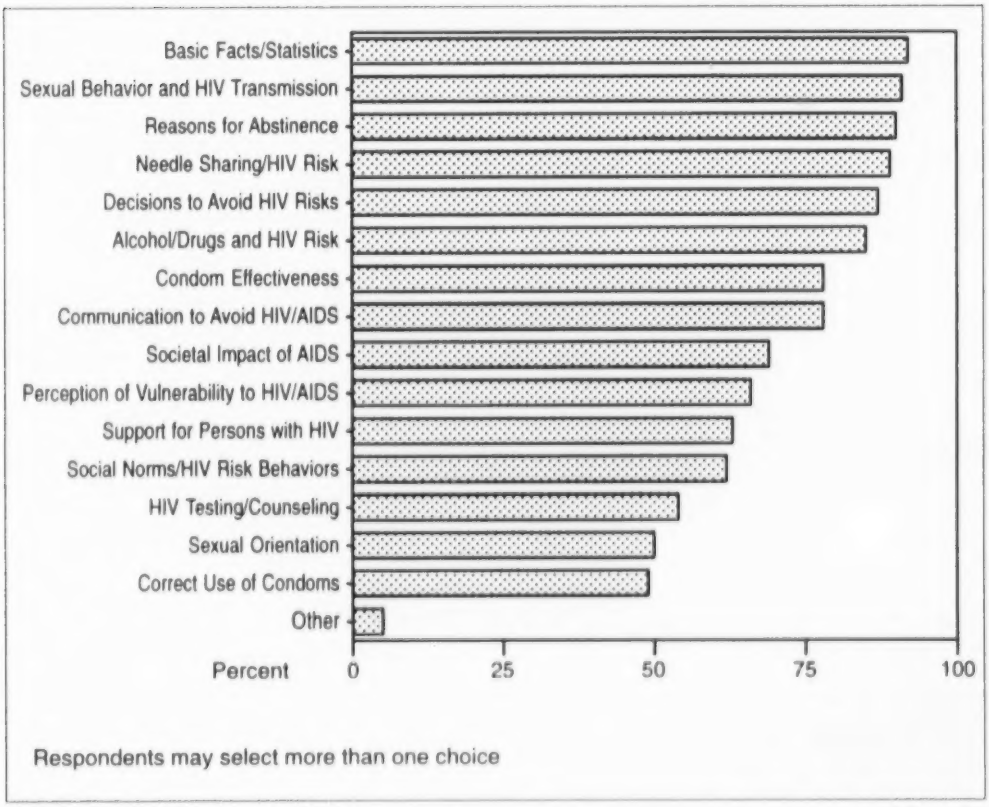
From your perspective, please rate the value of this program to students.



- Ninety-eight percent of the school principals and 79 percent of lead health education teachers believe that their staff mentoring initiative for students is valuable.

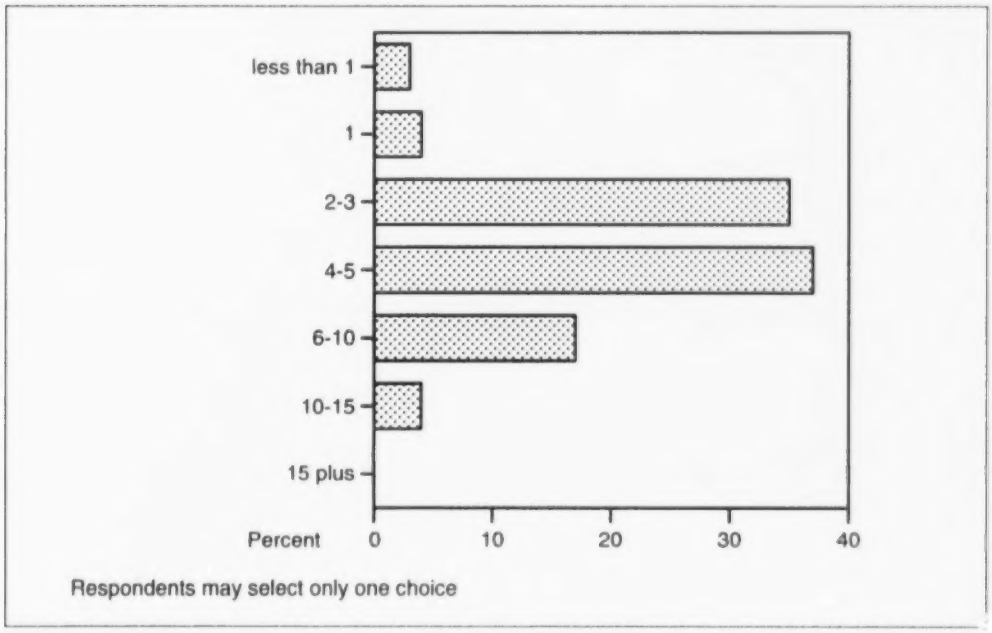
HIV/AIDS Education

Teachers: What do you teach about HIV/AIDS in your classes?



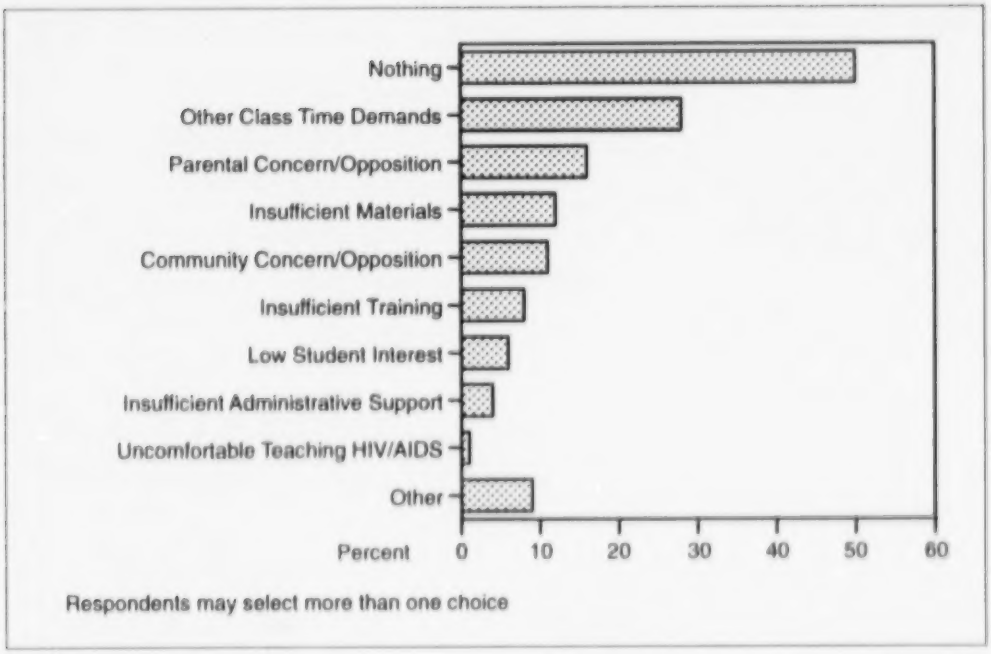
• About 90 percent of teachers report teaching basic facts about HIV/AIDS, HIV risks, and abstinence. Many fewer teachers discuss other important issues such as feeling at risk for HIV/AIDS (66 percent), HIV antibody testing and counseling (54 percent), and correct use of condoms (49 percent).

Teachers: Approximately how many total class periods do you teach about HIV/AIDS in any one course?



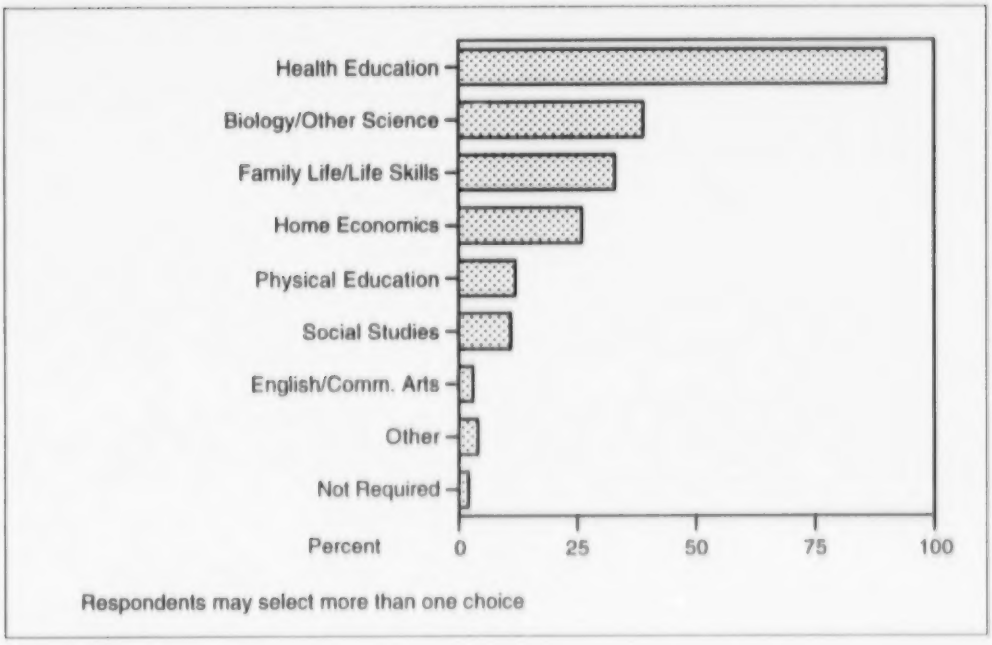
• The most frequently cited number of class periods devoted to teaching HIV/AIDS in any one course is 4-5 (37 percent), followed by 2-3 (35 percent), then 6-10 (17 percent).

Teachers: What makes teaching about HIV/AIDS difficult for you?



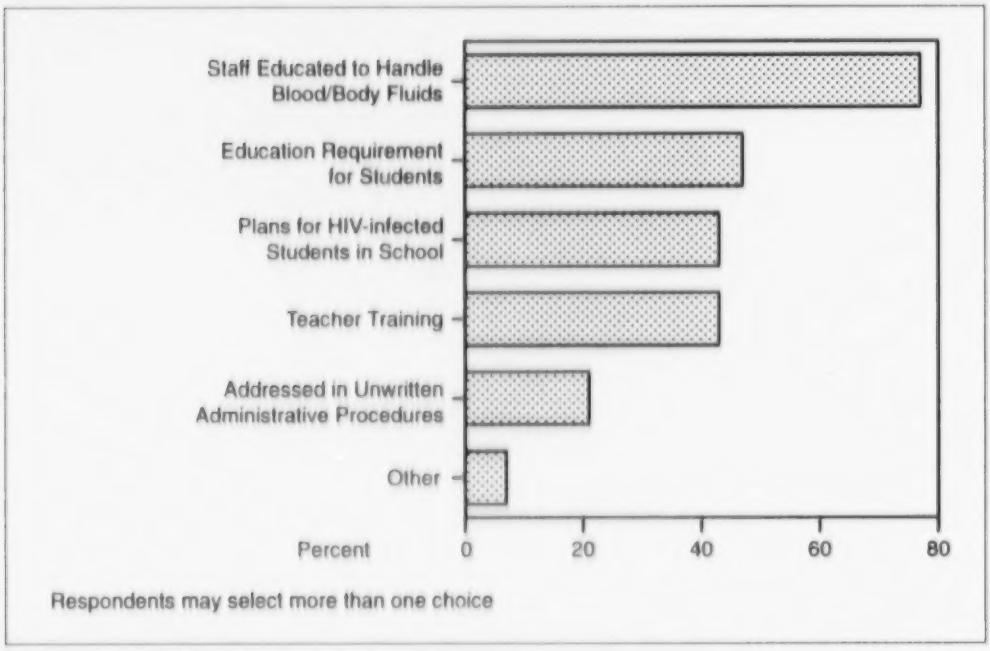
• The most frequently cited difficulty for teaching about HIV/AIDS is other demands on class time (28 percent), parental concern and opposition (16 percent), insufficient materials (12 percent), and community concern/opposition (11 percent).

Principals: In what subjects are required HIV/AIDS education units or lessons taught in your classes?



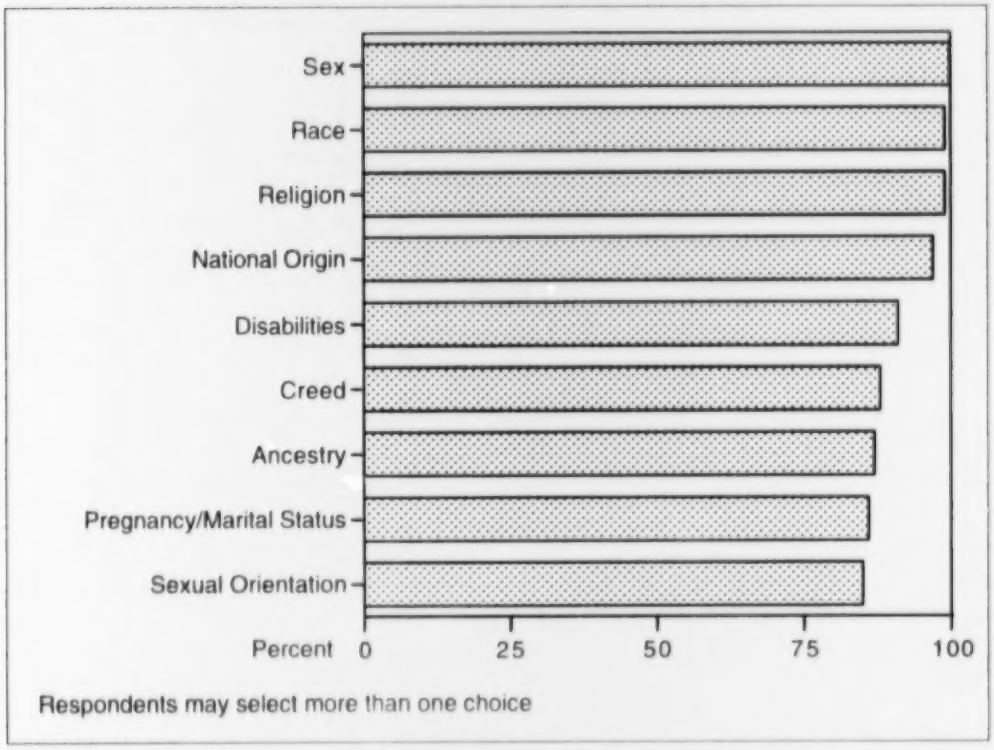
- **While health education is the most commonly cited subject in which HIV/AIDS is taught, it is addressed in other classes as well.**

Principals: **Which of the following issues are addressed in your school's or district's formally adopted, written policy on HIV/AIDS?**



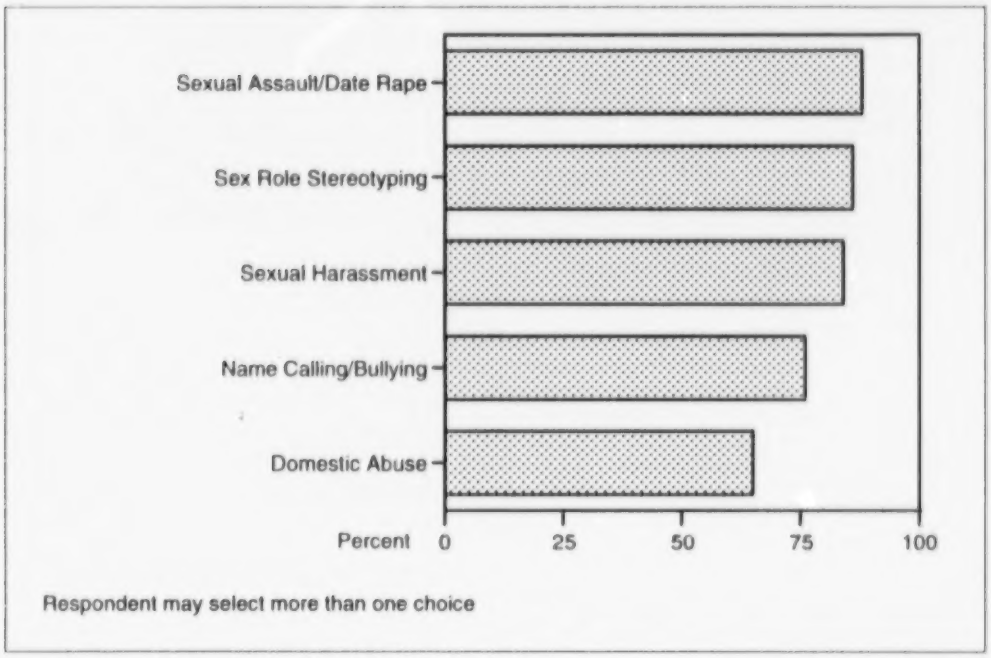
• **Less than half of schools report that they had included education requirements for students on HIV/AIDS (47 percent), plans to support HIV-infected students in school (43 percent), and teacher training on HIV/AIDS (43 percent).**

Principals: **Does your school inform teachers, parents, and students that students are protected under state law from discrimination on the basis of the following?**



• **Principals report that teachers, parents, and students are informed that students are protected from discrimination based on the following categories: sex (100 percent), race (99 percent), religion (99 percent), national origin (97 percent), disabilities (91 percent), creed (88 percent), ancestry (87 percent), pregnancy/marital status (86 percent), and sexual orientation (85 percent).**

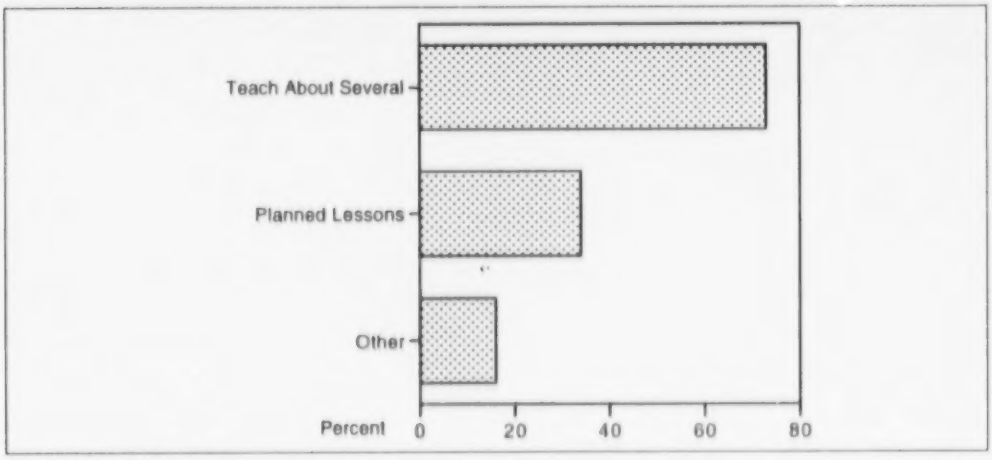
Teachers: **Which of the following does your health curriculum strive to prevent and/or promote awareness of?**



- Approximately 88 percent of teachers report addressing sexual assault and date rape. Likewise, 12.8 percent of Wisconsin high school students report having been verbally or physically forced to take part in sexual activity while 6.9 percent report being unsure (DPI, 1993).
- Similarly, approximately 84 percent of teachers report addressing sexual harassment in the curriculum.

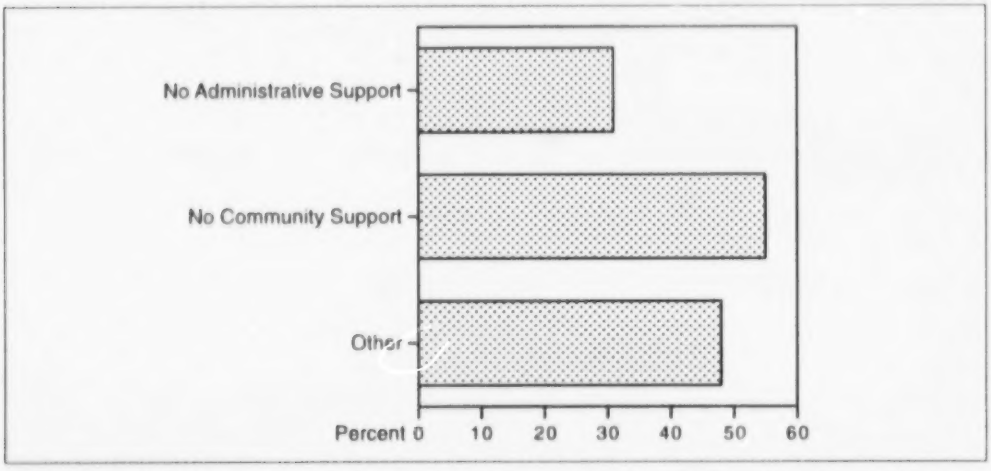
Teachers: Do you address the issue of sexual orientation in your classroom?

- Seventy percent responded "yes." If yes, how?



- Of the 32 "yes" responses, seven said they teach awareness of sexual orientation but do not judge and seven said they have discussions or question and answer sessions with students.

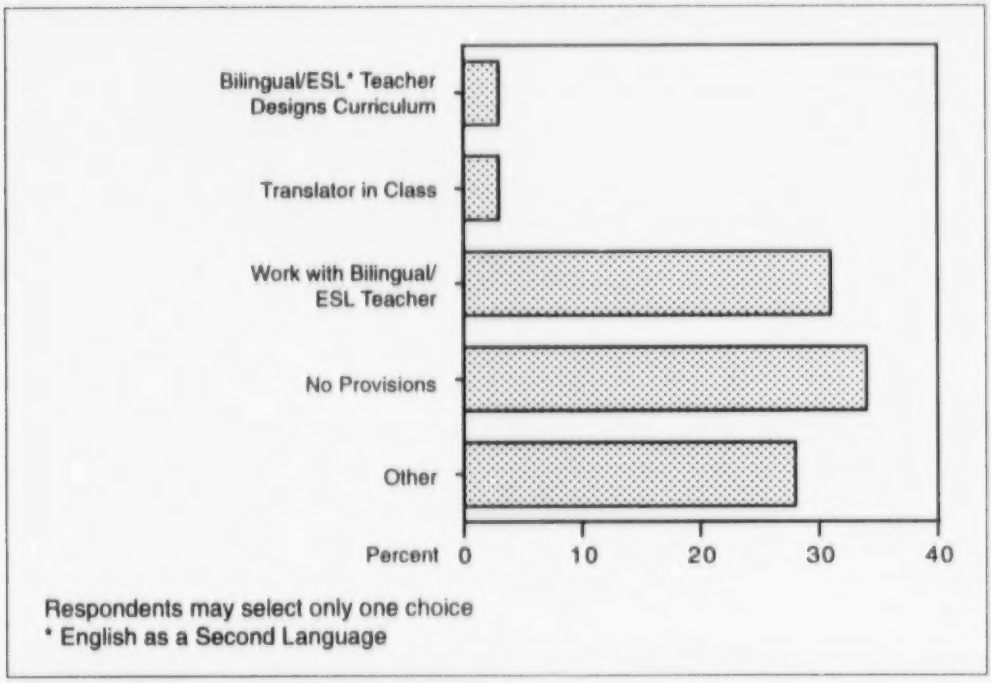
- Thirty percent responded "no." If no, why?



- Of the 28 "no" respondents, six said it was a personal decision or that they did not feel comfortable discussing the issue. Two said they do not discuss the issue because their communities are "conservative," and two said "the school board is against it." Five said sexual orientation either was "not in their curriculum" or was "covered in another class."

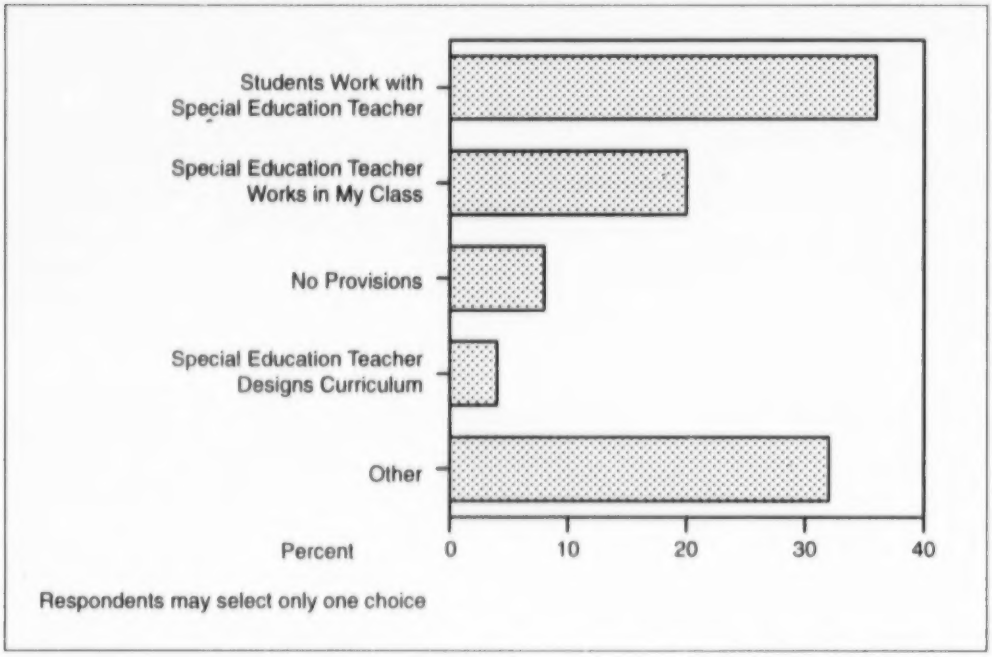
On "yes" or "no," respondents may select only one choice.
On reasons or methods, respondents may select more than one choice.

Teachers: **Of those schools that have limited-English speaking students, how do you provide health education, including HIV prevention education?**



- **While the majority of schools with limited-English speaking students have arranged to provide health education to this population, 34 percent of schools make no such provision.**
- **Of those selecting "other," seven said students receive additional help from a tutor or teacher.**

Teachers: **How do you provide health education, including HIV prevention education, to students with exceptional education needs?**



- **The vast majority (92 percent) of schools provide health education to students with exceptional education needs.**
- **Of the 77 "other" respondents, 26 indicated they integrate or mainstream students, 32 indicated that students work with the special education teacher, and nine indicated they modify their curriculum.**

References

Allensworth, Diane. "Health Education: State of the Art." *Journal of School Health* 63 (1), pp. 14-20.

Allensworth, Diane, and Lloyd Kolbe. "The Comprehensive School Health Program: Exploring an Expanded Concept." *Journal of School Health* 57 (10), pp. 409-412.

American Cancer Society. *National Health Education Standards: Achieving Health Literacy.* Atlanta: American Cancer Society, 1995.

Connell, D., R. Turner, and E. Mason. "Summary of Findings of the School Health Education Evaluation: Health Promotion Effectiveness, Implementation, and Costs." *Journal of School Health* 55 (8), pp. 316-321.

Gibson, Paul. *Gay Male and Lesbian Youth: Report of the Secretary's Task Force on Youth Suicide.* Washington, DC: U.S. Dept. of Health and Human Services, 1989, pp. 110-142.

Hostile Hallways: The AAUW Survey on Sexual Harassment in America's Schools. Annapolis Junction, MD: Commissioned by the American Association of Univ. Women Educational Foundation, researched by Louis Harris and Associates, 1993.

Kolbe, Lloyd. "An Essential Strategy to Improve the Health and Education of Americans." *Preventive Medicine* 22 (4), pp. 544-560.

McGinnis, M., and C. DeGraw. "Healthy Schools 2000: Creating Partnership for the Decade." *Journal of School Health* 61 (7), pp. 292-297.

The National Commission on the Role of the School and the Community in Improving Adolescent Health. *Code Blue: Uniting for Healthier Youth.* Alexandria, VA: National Assn. of School Boards of Education, 1990.

National Council of La Raza. *State of Hispanic America 1991: An Overview.* Washington, DC: National Council of La Raza, 1992.

Patterson, Patricia. *Doubly Silenced: Sexuality, Sexual Abuse and People with Developmental Disabilities.* Madison: Council on Developmental Disabilities, 1991, pp. 102-105.

Remafedi, Gary. "Adolescent Homosexuality: Psychological and Medical Implications." *Pediatrics* 79 (1987), pp. 331-337.

Silin, Jonathon. *Sex, Death and the Education of Children: Our Passion for Ignorance in the Age of AIDS.* New York: Teachers College Pr., 1995, p. 63.

Thopaou. "Hmong Refugees: Some Barriers to Some Western Health Care Services." Paper presented at the Southeast Asians in the U.S. Conference, March 5, 1988, Tempe, AZ.

"Values and Opinions of Comprehensive School Health Education in U.S. Public Schools: Adolescents, Parents and School District Administrators." Atlanta: American Cancer Society/Gallup, 1994, pp. 5-8.

Wisconsin Local Health Department Utilization 1993. Madison: Wisconsin Dept. of Health and Social Services, 1993.

Wisconsin Youth Risk Behavior Survey Report. Madison: Wisconsin Dept. of Public Instruction, 1993.

Appendix I

Selected Department of Public Instruction Consultant List

The following is a list of consultants at the Wisconsin Department of Public Instruction's Division for Learning Support whose positions are directly related to the areas of health and safety education and other relevant issues addressed in this report.

Division for Learning Support: Instructional Services

Early Childhood / Bright Beginnings Team

Julie Allington, Nutrition Education Consultant	608/267-9120
Elaine Staaland, Consultant, Family and Consumer Education	608/266-2347
Sharon Strom, Consultant, Family and Consumer Education	608/267-9088

Content and Learning Team

Chet Bradley, Health Education Consultant	608/266-7032
Ken Wagner, Physical Education Consultant	608/266-3615

Division for Learning Support: Equity and Advocacy

Student Services, Prevention and Wellness Team

Michael Thompson, Team Leader	608/266-3584
William Berkan, Consultant, School Social Work Services	608/266-7921
Ken Brittingham, Consultant, Counseling and Guidance	608/266-2829
Nic Dibble, Consultant, Alcohol and Other Drug, and School Age Parent Programs	608/266-0963
Cindy Ericksen, Consultant, School Nursing and Health Programs	608/266-8857
Steve Fernan, Consultant, Alcohol and Other Drug Programs	608/266-3889
Susan Fredlund, Consultant, Alcohol and Other Drug Programs	608/267-9242
Mary Kleusch, Consultant, Alcohol and Other Drug Programs	608/266-7051
Sean Mulhern, Consultant, School Psychological Services	608/266-7189
Randy Thiel, Consultant, Alcohol/Traffic Safety Education Programs	608/266-9677
Vacant, HIV/AIDS Education/Human Growth and Development	608/267-3721
Doug White, Consultant, Prevention Education	608/266-5198

Equity Team

Barb Bitters, Consultant, Bilingual/ESL Education Programs	608/266-9606
Melissa Keyes, Consultant, Sex Equity Programs	608/267-9157

Exceptional Education Team

Anne Rodgers-Rhyme, Consultant, Staff Development	608/266-1146

Appendix II

Selected Cooperative Educational Service Agency Consultant List

The following is a list of the twelve regional CESAs. Each CESA employs one or more consultants who provide technical assistance, staff development, and resources to support health and safety education and other relevant issues addressed in this report.

CESA 1
2930 South Root River Parkway
West Allis, WI 53227
414/546-3000

CESA 2
430 East High Street
Milton, WI 53563
608/758-6232

CESA 3
Route 1, Industrial Drive
P.O. Box 5A
Fennimore, WI 53809-9702
608/822-3276

CESA 4
1855 East Main Street
Onalaska, WI 54650
608/785-9364

CESA 5
626 East Slifer Street
P.O. Box 564
Portage, WI 53901
608/742-8811

CESA 6
2300 Ripon Road
P.O. Box 2568
Oshkosh, WI 54903
414/233-2372

CESA 7
595 Baeten Road
Green Bay, WI 54304
414/492-5960

CESA 8
223 West Park Street
Gillett, WI 54124
414/855-2114

CESA 9
328 North 4th Street
P.O. Box 449
Tomahawk, WI 54487
715/453-2141

CESA 10
725 West Park Avenue
Chippewa Falls, WI 54729
715/723-0341

CESA 11
P.O. Box 728
Cumberland, WI 54829
715/822-4711

CESA 12
618 Beaser Avenue
Ashland, WI 54806
715/682-2363

Appendix III

Selected Print Materials List

American Cancer Society. (1994). *Values and Opinions of Comprehensive School Health Education in US Public Schools: Adolescents, Parents and School District Administrators.* Atlanta, GA. To order, please call the American Cancer Society at 1-800-ACS-2345.

Carnegie Council on Adolescent Development. (1989). *Turning Points: Preparing American Youth for the 21st Century.* Washington, DC. To order, please call the Carnegie Council on Adolescent Development at 202/265-9080.

Joint Committee on National Health Education Standards. (1995). *National Health Education Standards: Achieving Health Literacy.* Atlanta, GA. To order, please call the American Cancer Society at 1-800-ACS-2345.

National Association of State Boards of Education and the American Medical Association. (1990). *Code Blue: Uniting for Healthier Youth.* Alexandria, VA. To order, please call the National Association of State Boards of Education at (703) 684-4000, or the American Medical Association at 312/645-5570.

U.S. Dept. of Education and U.S. Dept. of Health and Human Services. (1993). *Together We Can: A Guide for Crafting a Profamily System of Education and Human Services.* Washington, DC. To order, please call the U.S. Dept. of Education at 202/219-2129.

Wisconsin Dept. of Health and Social Services. (1990). *Healthier People in Wisconsin: A Public Health Agenda for the Year 2000.* Madison, WI. To order, please call the Wisconsin Dept. of Health and Social Services at 608/266-1251.

Wisconsin Dept. of Public Instruction. (1986). *A Guide to Curriculum Planning in Health Education.* Madison, WI. To order, please call the Wisconsin Dept. of Public Instruction at 608/266-2188.

_____. (1994). *1993 Wisconsin Youth Risk Behavior Survey.* Madison, WI. To order, please call the Wisconsin Dept. of Public Instruction at 608/267-3751.

_____. (1994). *Youth, AIDS, and HIV: Resources for Educators and Policymakers 1995.* Madison, WI. To order, please call the Wisconsin Dept. of Public Instruction at 608/266-8960.